Control Number	**Norcross Police Department**	Complaint received by:
Date / Time Received	**Citizen Complaint Form**	☐ Phone ☐ In Person ☐ E-mail ☐ Mail

Complainant's Information		
Complainant's Name:		
Street Address:		
City:	State:	Zip:
Contact Number:		

Complaint Information	
Employee taking Complaint from Citizen:	
Date and Time Complaint Received from Citizen: _____ Type of Complaint: (check box to the right)	☐ Unprofessional / Rudeness ☐ Excessive Force ☐ Racial Issue or Profiling ☐ Neglect of Duty ☐ Other (Please explain below in narrative)
Date and Time of Incident this Complaint is based upon:	Location where incident of Complaint occurred:

Narrative (Please provide the facts related to the allegation with as much detail as possible)

☐ If Statement or additional Narrative is Attached

Employee(s) Involved In Complaint (Please Check Box, if Unknown ☐)		
#1 –	#2 –	#3 -
Assignment:	Assignment:	Assignment:

Witness Information (Please Check Box, if None ☐)		
Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

This form will be provided to any citizen upon request and any employee may accept and / or assist any citizen with filing a complaint. The form will be forwarded to the Professional Standards Unit upon receipt.