



CANTON POLICE DEPARTMENT

151 Elizabeth Street
Canton, Georgia 30114
Phone: (770) 720-4883 Fax: (770) 479-0791

STEPHEN MERRIFIELD, CHIEF OF POLICE
WENDELL TURNER, DEPUTY CHIEF OF POLICE

CITIZEN COMPLAINT FORM

It is the policy of the City of Canton Police Department to fully investigate any legitimate complaint against any member of this department.

A "complaint" is an act of expressed dissatisfaction which relates to department operations, policies, and procedures, or an employee's personal conduct or unlawful acts. *A disagreement over the validity of a traffic or parking citation is not grounds for the initiation of a personnel complaint. Those are matters for adjudication by the proper court system.*

Attached is a Citizen Complaint Form. **Please fill out the first two (2) pages of the form completely and legibly.** If the on-duty Supervisor can not resolve your complaint, it will be forwarded to the appropriate department official for review/investigation.

It should be understood that the filing of this report is considered to be an official police report and providing false or misleading information may be considered as providing false statements under O.C.G.A. § 16-10-20.

Although you are under no obligation to speak to or meet with representatives of this department, please realize that to assure a thorough review/investigation of your complaint, it may become necessary for you to be contacted in order to clarify facts or to discuss this complaint in more detail.

Respectfully,

Canton Police Department



CANTON POLICE DEPARTMENT

151 Elizabeth Street
Canton, Georgia 30114

STEPHEN MERRIFIELD, CHIEF OF POLICE
WENDELL TURNER, DEPUTY CHIEF OF POLICE

Phone: (770) 720-4883 Fax: (770) 479-0791

CITIZEN COMPLAINT FORM

Your Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other Contact #: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name(s) of department employees involved (if known): _____

Have you reported this to other officers? Yes No If so, whom? _____

Did you receive a citation(s)? Yes No If yes, list number: _____

Were you arrested? Yes No Reason? _____

Were you injured? Yes No Injury: _____

WITNESS (IF APPLICABLE)

Witness # 1 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other Contact #: _____

Witness # 2 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other Contact #: _____

******TO BE FILLED OUT BY DEPARTMENT PERSONNEL******

Employee receiving complaint: _____ Badge # _____

Date Received: _____ Time Received: _____ AM PM

Signature of Employee: _____



CANTON POLICE DEPARTMENT

151 Elizabeth Street
Canton, Georgia 30114

STEPHEN MERRIFIELD, CHIEF OF POLICE
WENDELL TURNER, DEPUTY CHIEF OF POLICE

Phone: (770) 720-4883 Fax: (770) 479-0791

CITIZEN COMPLAINT FORM

Statement of Incident

Statement of: _____

Written by: _____ Date: _____

Lined area for writing the statement of incident.

AKNOWLEDGEMENT

Any issue of criminal, traffic, or civil law relating to the complainant will be handled by the appropriate court system. This department will only conduct a review/investigation to determine if a violation of law or departmental rules and regulations occurred.

I, _____, do hereby affirm that the foregoing information provided by me is accurate and true to the best of my knowledge. I also understand that statements given by me, both oral and written, can be used in a court of law. I understand that any false or misleading statements, accusations or allegations made by me in relation to this complaint, either orally or in writing, may subject me to prosecution under O.C.G.A. 16-10-20.

Complainant Signature: _____

Witness Signature: _____



CANTON POLICE DEPARTMENT

151 Elizabeth Street
Canton, Georgia 30114

STEPHEN MERRIFIELD, CHIEF OF POLICE
WENDELL TURNER, DEPUTY CHIEF OF POLICE

Phone: (770) 720-4883 Fax: (770) 479-0791

**CITIZEN COMPLAINT FORM
REVIEW & INVESTIGATION OF CITIZEN COMPLAINT**

Date: _____

Official Assigned to Review Complaint: _____ Badge #: _____

Assignment Made By: _____ Badge #: _____

Reviewing Division: UPD CID IA CHIEF/DEPUTY CHIEF

Conclusion of Review/Investigation: See additional attached supplemental

Findings: Complaint found to be: (check all that apply)

Substantiated Unfounded Inconclusive

Resolved With Complainant In Person By Phone

Unable To Contact/Meet With Complainant (document the attempts made above - date and time)

Attempt(s) Made By: Phone Visit to Home/Work Place

SIGNATURE

Reviewer of Complaint: _____ Badge #: _____ Date: _____

Division Head: _____ Badge #: _____ Date: _____

Recommendation: Further Investigation Needed No Further Action Needed

Chief of Police: _____ Badge #: _____ Date: _____