



FORSYTH POLICE DEPARTMENT

Woodrow W. Blue, Jr. - Chief of Police

P. O. BOX 1447

200 South Kimbell Street

Forsyth, Georgia 31029

Tel: (478) 993-1005

Fax: (478) 994-0378



CITIZEN COMPLAINT FORM

Please PRINT so the information may be easily read. Thank you for your concern and interest in the Forsyth Police Department. We assure you our goal is a professional department committed to providing a safe community and improving the quality of life for all people. Your concern will be investigated in a timely manner and appropriate action will be taken. If you have any questions, please contact us at any time.

Name of Person: _____

Filing Complaint: _____ Today's Date: _____

Address: _____

(Complete address, to include city, state, and zip code if out of town)

Phone: _____

(Residence)

(Cell)

(Other)

Nature of Complaint: _____

Location of Incident: _____

Police Employee(s) Involved (if any): _____

Witnesses to Event: _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Signature of Complainant: _____ Date: _____

Receiving Supervisor: _____ Date: _____

Complainant to receive a copy of this form when submitted.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.