



*BARROW COUNTY SHERIFF'S OFFICE*  
CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS			
CITY	STATE	ZIP	PHONE
DOB	EMPLOYER	PHONE	

EMPLOYEE INFORMATION		
NAME	RANK	RADIO NUMBER

COMPLAINT INFORMATION			
DATE OF COMPLAINT	TIME OF COMPLAINT	REPORT DATE	REPORT TIME

By signing below, you acknowledge the information you have provided is *true and accurate to the best of your knowledge and belief*. You further acknowledge your personal information as well as the information contained in the comments will be used to investigate your complaint, and if your complaint is found to be fraudulent, it may be used against you in a court of law pursuant to filing a false report and/or making false statements and writings.

PRINTED NAME	SIGNATURE	DATE