

Hogansville Police Department
117 Lincoln St.
Hogansville, GA 30230
706-637-6648

CITIZEN COMPLAINT FORM

Title 16, Chapter 10, Section 20 (16-10-20)

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; make a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

Signature _____ Date _____

CASE NUMBER _____ DATE _____

COMPLAINANT _____

ADDRESS _____

DATE OF BIRTH _____ SSN _____

HOME PHONE # _____ WORK PHONE # _____

OFFICER (S) INVOLVED _____

Complainant's
Initials _____

WITNESS NAME (S) AND ADDRESSES _____

LOCATION OF INCIDENT _____

DATE AND TIME OF INCIDENT _____

COMPLAINANT STATEMENT

Complainant's
Initials _____

Lined area for text entry.

IF ADDITIONAL SPACE IS NEEDED USE A SEPARATE SHEET OF PAPER.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Complainant's
Initials _____