



CITIZEN COMPLAINT FORM

INSTRUCTIONS

The Atlanta Citizen Review Board (ACRB) accepts complaints against officers of the Atlanta Police Department (APD) and the Atlanta Department of Corrections (ADC).

• By law, the following are the only types of complaints the ACRB is authorized to review: (1) abusive language; (2) false arrest; (3) false imprisonment; (4) harassment; (5) use of excessive force; (6) serious bodily injury; or (7) death which is alleged to be the result of the actions of a sworn employee of the APD or ADC.

• Your complaint will be reviewed and classified by the Executive Director of the ACRB. You will receive an acknowledgement by mail of the receipt of your complaint. If the incident is investigated, you may be asked to provide a more complete statement under oath.

• **IMPORTANT:** Fill in this form COMPLETELY. You must PRINT or TYPE all your answers.

• **IF YOU NEED HELP** filling out this form, please call us at 404-865-8622, or e-mail us at acrb@atlanta.gov.

RETURN THIS COMPLETED FORM in person or by fax or mail to the following address

COMPLAINANT INFORMATION

Name: First _____ Last _____

Address: _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____

E-mail Address: _____

Employer: _____

Date of Birth: ____ / ____ / ____ **Current Age:** _____

Gender: Male Female

Race: African American Asian Hispanic White Other

INCIDENT INFORMATION

Incident Date: ____ / ____ / ____ **Incident Time:** ____ : ____ a.m. **OR** p.m.

Incident Location: _____

Name of Officer(s) Involved: _____

Badge Number(s) of Officer(s) Involved: _____

If you do not know the name or the badge number of the officer(s), please provide a physical description of the officer(s) _____

Officer(s) Employed by: Atlanta Police Department **OR**
 Atlanta Department of Corrections

Name(s) of Witness(es) to Incident: _____

Contact Information of Witness(es) to Incident: _____

Is there any evidence available about the incident, such as copies of traffic tickets, police reports, photographs, or medical records? Yes No

If "Yes," please describe and attach copies: _____

Please describe your complaint. You may use additional paper if necessary.

I solemnly swear or affirm that the above statement is accurate. Date: ____ / ____ / ____

Signature of Complaining Party: _____

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Received by: _____

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