



INTERNAL AFFAIRS COMPLAINT FORM

Department of Fulton County Police
4701 Fulton Industrial Blvd
Atlanta GA 30336
404-613-5700

Date _____ Time _____
Complainant Name: _____ DOB _____
Home Address _____
Home Phone _____
Cell Phone _____
Contact Phone Number for Follow Up Call _____
E-Mail: _____
Police Case Number / If No Police Case Number Was Pulled Write N/A: _____
Location of Incident: _____
Type of Complaint: _____

COMPLAINT SUMMARY

I certify that the above statement is true and correct to the best of my knowledge and belief. I further certify that this statement was freely given without promise of reward, coercion, intimidation, or other influence.