



University of North Georgia

Department of Public Safety

Personnel Complaint Form



Complainant's Name: _____

Complainant's Address: _____

Complainant's Employer: _____

Home Phone: _____

Business Phone: _____

Location of Occurrence: _____

Public Safety Personnel Involved:

(1) _____

(2) _____

(3) _____

Allegation(s): _____

OPS/IA #: _____

Date Reported: _____

Report Given: [] In Person
 [] Telephone
 [] Other

Explanation of Other: _____

Time Reported: _____

Codes: C= Complainant
 W= Witness
 O= Other

Have you reported this incident to any other officers? [] Yes [] No

If yes, to whom (whom): _____

Code: ____ **Name:** _____ **DOB:** _____ **Sex:** _____

Residence Address: _____ **Business Address:** _____

Phone #: _____ **Business #:** _____

Code: ____ **Name:** _____ **DOB:** _____ **Sex:** _____

Residence Address: _____ **Business Address:** _____

Phone #: _____ **Business #:** _____

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact the Department of Public Safety at publicsafety@ung.edu or 706-864-1500 or Captain James Wright at james.wright@ung.edu or 470-239-3122.



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Narrative: (Summarize complaint as reported by complainant) _____

Are you willing to take a polygraph examination or voice stress analysis to confirm the allegations you made? [] Yes [] No

COMPLAINANT

Please note: In the event this report is proven false, you may be punished under O.C.G.A. 16-10-20 and O.C.G.A. 16-10-26.

Print Name: _____ **Signature:** _____

Date: _____

RECEIVING EMPLOYEE

Print Name: _____ **Signature:** _____

Date: _____



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Additional Information: _____

Disposition of Complainant:

- Unfounded**
- Handled by Division Commander**
- Forwarded to Investigations/I.A. Investigator**

Action Taken: _____

Placement in Permanent File:

- Yes**
- No**