



CHATHAM COUNTY POLICE DEPARTMENT

Chief Jeffrey M. Hadley

COMPLAINT FORM

The Chatham County Police Department encourages citizens to report legitimate complaints against employees of this department. As a result, a thorough and impartial investigation will be conducted. Please complete this form with as much information as possible. If necessary, you will be contacted for additional information regarding this complaint. Upon completion of this form, you may either return it in person to the nearest Police Precinct or mail to the Chatham County Police Department, Office of Professional Standards, 9306 Whitefield Ave, Savannah, Ga. 31406. If you need additional information, please contact a Police Precinct or the Office of Professional Standards.

DATE: _____
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

Please explain in detail (who, what, when, where, why and how) what happened and what the officer(s) / employee(s) did regarding your complaint. Please provide names of all parties involved and witnesses to assist with the investigation of your complaint.

DATE AND TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____

OFFICER'S NAME	VEHICLE#	DESCRIPTION

WITNESS NAME	ADDRESS	PHONE#	OTHER INFO

COMPLAINT FORM

EXPLAIN WHAT HAPPENED: _____

[illegible]

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CCPD FORM 1044 (Revised 03/2018)

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Date _____

CCPD FORM 1044 (Revised 11/2018)