OFFICER COMPLAINT FORM

FULL NAME:	D.O.B
ADDRESS:	
EMAIL ADDRESS:	
	TIME OF INCIDENT:
INVOLVED OFFICERS:	
fictitious, or fraudulent statement 10 and subsection 20 as a felony, p	an official document of the State of Georgia. Any false, is are subject to punishment under OCGA Title 16, Chapter punished by a fine of not more than \$1000. or by the year nor more than five years, or both.
	Writings, Concealment of Facts, and Fraudulent urisdiction of State or Political Subdivisions
material fact; makes a false, fictitious, false writing or document, knowing the entry, in any matter within the jurisdiction government of any county, city, or other streets.	falsifies, conceals, or covers up by any trick, scheme, or device a or fraudulent statement or representation; or makes or uses any se same to contain any false, fictitious, or fraudulent statement or ction of any department or agency of state government or of the ner political subdivision of this state shall, upon conviction thereof, in \$1,000.00 or by imprisonment for not less than one nor more
(Code 1933, § 26-2408, enacted by Ga 16.)	ı. L. 1976, p. 483, § 1; Ga. L. 1979, p. 1068, § 1; Ga. L. 1982, p. 3, §
PLEASE BRIEFLY DESCRIBE YOUR C	OMPLAINT.
	
Continue on reverse side.	
Signature of Complainant:	
Date:	

OFFICER COMPLAINT FORM

 	 	