



**GLYNN COUNTY POLICE DEPARTMENT  
CITIZEN COMMENDATION/COMPLAINT FORM**

157 Public Safety Boulevard, Brunswick, Georgia 31525

Tel: (912) 554-7800

[www.police.glynncounty-ga.org](http://www.police.glynncounty-ga.org)

**COMMENDATION**

**COMPLAINT**

**Instructions:** If you wish to bring the conduct of a Glynn County Police Department employee to the attention of the Chief of Police, favorable or otherwise, please do so by providing as much of the information requested on this form as possible. If it is determined that your complaint merits further inquiry, a special investigator will be assigned. Depending upon the nature of your comments, you may be contacted to provide further information. The report of the special investigator will be reviewed by the Office of Professional Standards and final disposition will be made by the Chief of Police. If you wish, you may submit this form anonymously. However, if you do so, it will not be possible to obtain further details from you or to inform you of the result of our inquiry.

<b>Today's Date (Month day, year):</b>	<b>Complaint ID No: (For police use only)</b>
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*Your Contact Information (not required)*

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.</b>	<b>Date of Birth</b>
<b>Street Address and Apt. No.:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>Email Address:</b>	<b>Race:</b>	<b>Sex:</b>

*Information about the incident*

<b>Nature of Incident:</b>	<b>Police Case No. (if applicable):</b>
<b>Location of Incident:</b>	<b>Date of Incident:</b> <b>Time of Incident:</b>
<b>Officer(s) or employee(s) Involved (Name, badge number, description, etc.):</b>	<b>Is there a recording of the incident? If so, describe:</b>

*Nature of Action: (Check all that apply)*

<input type="checkbox"/> <i>Extremely helpful and caring</i> <input type="checkbox"/> <i>Courageous</i> <input type="checkbox"/> <i>Polite &amp; professional</i> <input type="checkbox"/> <i>Highly motivated</i> <input type="checkbox"/> <i>Responsive</i>	<input type="checkbox"/> <i>Excessive force</i> <input type="checkbox"/> <i>False arrest</i> <input type="checkbox"/> <i>Unlawful search</i> <input type="checkbox"/> <i>Dishonesty</i> <input type="checkbox"/> <i>Corruption</i>	<input type="checkbox"/> <i>Discourteous or disrespectful</i> <input type="checkbox"/> <i>Vulgar language</i> <input type="checkbox"/> <i>Sloppy appearance</i> <input type="checkbox"/> <i>Unknowledgeable</i> <input type="checkbox"/> <i>Other _____</i>
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*I hereby swear and affirm that the information provided by me is true, accurate and complete to the best of my knowledge and belief. I understand that any intentionally false, misleading or untrue statements, accusations or allegations herein made by me, either orally or in writing, to any public official investigating the matters addressed herein may subject me to civil liability and/or criminal prosecution for false swearing in violation of O.C.G.A. §16-10-71.*

<b>Signature (not required):</b>	<b>Print name (not required):</b>	<b>Date (Month day, year):</b>
<b>Witnessed:</b>	<b>Print name and official title:</b>	<b>Date (Month day, year):</b>
<b>Signature of receiving supervisor:</b>	<b>Print name:</b>	<b>Date (Month day, year):</b>

