



POLICE DEPARTMENT

Compliant Form:

We provide this form with the understanding that you authorize the Albany State University Police Department to conduct an investigation to determine if a violation of law or departmental rules and regulations occurred. COMPLETE this form with detailed information to ensure a successful investigation.

Name of Complainant:
Street Address:
City, State. Zip Code
Phone #:
Date of Occurrence:
Time of Occurrence:
Complainant Witness:



Date Investigation completed on:
Signature of Supervisor on Investigator:
Signature of Shift/Division Lieutenant:
Signature of Shift/Division Captain:
Signature of Assistant Chief:
Signature of Chief of Police: