

## **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.

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Statement Form :Describe as detailed as possible, the nature of your complaint, person(s) involved, witnesses, location of occurrences, time of occurrence., etc.,

I do hereby swear or affirm that the factual allegation(s) made by me in this complaint is true to the best of my knowledge and belief are based upon fact. I authorize the Albany State University Police Department to use the information given in any manner deemed necessary and proper to conduct and conclude its investigation.

 Signature:
 Date:



## To be filled out by Departmental Personnel:

 Person Receiving Complaint:

 Badge #:

 Date received:

 Time Received:

 Signature of Supervisor:

Conclusion of Investigation:		



**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: