

DATE/TIME REPORTED:	GEORGETOWN POLICE DEPARTMENT COMPLAINT INVESTIGATION FORM	COMPLAINT NUMBER:
COMPLAINANT'S NAME (FIRST, MIDDLE, LAST):		COMPLAINANT'S TELEPHONE NUMBERS (HOME, BUSINESS, CELL):
COMPLAINANTS STREET ADDRESS:		COMPLAINANT'S CITY, STATE, ZIP CODE:
NAME OF INVOLVED OFFICER(S):		DATE/TIME OF ALLEGED OCCURRENCE:
LOCATION OF ALLEGED OCCURRENCE:		ALLEGED OCCURRENCE/VIOLATION:
PLEASE PROVIDE A COMPLETE DETAILED SUMMARY OF EVENTS IN THE SPACE BELOW:		
SIGNATURE OF COMPLAINANT (NOTE: UNSIGNED COMPLAINT FORMS ARE REVIEWED BY DIVISION COMMANDERS BUT MAY RESULT IN NO ACTION):		
FOR OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE		
CLASSIFICATION AND TRANSMITTAL OF COMPLAINT		
<small>MINOR (NON-PERSONNEL COMPLAINT): DOCUMENTATION ONLY, NO INVESTIGATION REQUIRED (i.e. ACCUSATIONS WITHOUT VALIDITY, OR AGAINST POLICY, etc.)</small>		
<small>MINOR INFRACTION: HANDLED BY IMMEDIATE OR ON-DUTY SUPERVISOR (i.e. NON-CRIMINAL ACTS, MINOR VIOLATIONS OF POLICY, etc.)</small>		
<small>SERIOUS INFRACTION: INVESTIGATION TO BE COMPLETED BY I.A., DIVISION COMMANDER, OR DESIGNEE (i.e. MAJOR VIOLATIONS, IMMORAL CONDUCT, MISCONDUCT, EXCESSIVE USE OF FORCE, etc.)</small>		
<small>CRIMINAL VIOLATION: INVESTIGATED BY INTERNAL AFFAIRS WHO WILL FORWARD RECOMMENDATIONS TO THE CHIEF OF POLICE. MAY REFER INCIDENT TO SLED AND/OR SOLICITOR'S OFFICE</small>		
COMPLAINT DISPOSITION		
<small>SUBSTANTIATED: THE ALLEGATION IS SUPPORTED BY SUFFICIENT EVIDENCE TO JUSTIFY A REASONABLE CONCLUSION OF GUILT</small>		
<small>NOT SUBSTANTIATED: INSUFFICIENT EVIDENCE TO EITHER PROVE OR DISPROVE THE ALLEGATION</small>		
<small>EXONERATED: THE INCIDENT OCCURRED, BUT WAS LAWFUL AND PROPER</small>		
<small>UNFOUNDED: THE ALLEGATION IS FALSE OR THE ACTION DID NOT INVOLVE A POLICE EMPLOYEE</small>		
DATE OFFICER NOTIFIED OF DISPOSITION (DATE AND INITIALS OF NOTIFYING OFFICER):		DATE COMPLAINANT NOTIFIED OF DISPOSITION (DATE AND INITIALS OF NOTIFYING OFFICER):
NAME OF OFFICER RECEIVING COMPLAINT:		NAME OF OFFICER INVESTIGATING COMPLAINT: