



College of Coastal Georgia Police Department

1 College Dr.
Brunswick, Georgia 31520
Phone: (912) 279-5820 – Fax: (912) 262-2395
www.ccg.edu



Complaint Form

Page 1 of 2

Complaint # _____
(Office use only)

The College of Coastal Georgia Police Department seeks to serve our community with pride and professionalism. You should know that our officers have the same authorities and obligations as any other certified police officer in the State of Georgia. Our officers are expected to be proactive, professional, and community oriented.

In order to serve you better, we welcome your suggestions, constructive criticism or complaints, including complaints against specific officers. All complaints will be investigated thoroughly and appropriate corrective action will be taken when warranted.

Information regarding the filing of False Statements, Concealment of Facts, or False Reports of Crime(s):

Any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof is guilty of a felony. (O.C.G.A. 16-10-20)

Any person reporting to a peace officer an offense or incident within the officer’s concern knowing that the offense or incident did not occur; or a person making a report to a peace officer relating to an offense or incident within the officer’s concern, knowing that he/she has no information relating to the offense of incident, upon conviction thereof is guilty of a misdemeanor. (O.C.G.A. 16-10-26)

I have read and understand the above and wish to proceed with the complaint process:

Complainant Signature

Date



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Name of Complainant Date and Time of Incident

Address of Complainant City / State / Zip

Home Telephone # Cell Telephone # Work Telephone #

Officer(s) / Personnel(s) Name, Badge #, vehicle #, or description of officer and/or vehicle

Nature of Complaint (Please be as specific and detailed as possible):

Witness Name, Witness Contact Information (home phone, cell phone, etc.)

Witness Name, Witness Contact Information (home phone, cell phone, etc.)

Witness Name, Witness Contact Information (home phone, cell phone, etc.)

Complainant Signature Date