



PUBLIC SAFETY CIVILIAN OVERSIGHT BOARD (PSCOB)

PUBLIC COMPLAINT / COMPLIMENT APPLICATION

The ACC Code of Ordinances states that the Public Safety Civilian Oversight Board (PSCOB) will:

"Process and ensure investigation of complaints lodged by members of the public regarding alleged abuse of authority, appropriate action required, abusive language, conduct unbecoming, discrimination, failure to provide identification, false arrest, false imprisonment, harassment, use of excessive force, misconduct, retaliation, serious bodily injury, violation of department standard operation procedures, and/or death that is alleged to be the result of the actions of a sworn employee of the Athens-Clarke County Police Department, Athens-Clarke County Probation Services, the Clarke County Sheriff's Office, or the Athens-Clarke County Corrections Department"

The ordinance in its entirety can be reviewed at the following link:

https://library.municode.com/GA/athens-clarke_county/codes/code_of_ordinances?nodeId=PTIICOOR_TIT3PUSA_CH3-18PUSACIOVBO

Per Ordinance Sec. 3-18-12 (1.), alleged complaints must be filed within 180-days from the time of incident.

This form allows members of the public to submit directly their concerns against sworn employees of those agencies under the jurisdiction of PSCOB. All complaints will be reviewed for justification and information, while providing receipt of confirmation to an applicant within 10 business days of complete submittal. Confirmation of an application does not indicate that any such complaint will be considered for further action, which is entirely at the discretion of PSCOB. *(Note that per ordinance, complaints will also be forwarded onto the associated public-safety agency listed in the application, which may initiate a separate investigation, potentially resulting in a trial by court of law)*

By ordinance all complaints must be filed in writing and under oath, therefore requiring this application be notarized. For your information, documents can be notarized at a library, postal carrier, bank, government office or by private notary. If you do not have access to a notary, via Operational Analysis Office, can notarize it for free (email pscob.monitor@accgov.com for notary needs).

Completed Public Complaint / Compliment Applications should be submitted to the Operational Analysis Office between the hours of 8:00 am – 5:00 pm, Monday – Friday (except holidays).

Applications can be made in-person or by email (pscob.monitor@accgov.com).

All applications are subject to open records (except as specifically exempted by law). PSCOB makes every attempt to maintain confidentiality, as appropriate, during the course of a formal review; however, any applicant should be aware that final recommendations or actions of PSCOB will be done by public vote, and may include use of the applicant's name or other pertinent information.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email: _____

Secondary Contact (optional): _____

Secondary Contact Cell Phone #: _____ Secondary Contact Email: _____

Date of Birth (MM/DD/YYYY): _____ Date of Incident: _____ Time of Incident: _____

Which ACCGov public-safety department(s) was the officer(s) identified with?

- ☐ Police Department
- ☐ Sheriff's Office
- ☐ Corrections Department
- ☐ Probation Services
- ☐ Unsure/Unknown

Identification of Officer(s) Involved (name, badge #, physical description): _____

Please provide a detailed description of the events related to your complaint or compliment. We encourage you to include as many names, location markers, or other specific descriptors as you can.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OPERATIONAL ANALYSIS OFFICE

THE UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY, GEORGIA

301 College Avenue, Suite 202 • Athens, Georgia 30601 • (706) 613-3012

www.accgov.com/oa



○ Abuse of Authority	○ Appropriate Action	○ Conduct Unbecoming
○ Abusive Language	○ Required	○ Discrimination
○ Failure to Provide	○ Use of Excessive	○ Violation of
○ Identification	○ Force	○ Department Standard
○ False Arrest	○ Misconduct	○ Operating Procedures
○ False Imprisonment	○ Retaliation	○ Death
○ Harassment	○ Serious Bodily Injury	○ Other: _____

[illegible]



Before finalizing this application, it must be notarized prior to submittal for consideration by PSCOB.
Contact information for scheduling your submission can be found below (Operational Analysis Office)

--DO NOT SIGN THIS FORM WITHOUT A NOTARY PRESENT--

I attest that the information in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Notary Public:

Sworn to and subscribed before me

this ____ day of _____, 20__

[seal]

Notary Public