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## 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=PTIIICOOR\\_TIT3PUSA\\_CH3-18PUSACIOVBO](https://library.municode.com/GA/athens-clarke_county/codes/code_of_ordinances?nodeId=PTIIICOOR_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](mailto: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](mailto: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?

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- 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.



Does your complaint against the officer(s) involved align with one or more of the following reasons?

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

Were there any witnesses or other individuals involved who may be able to provide more information about the situation? (Y or N) If so, provide name(s) and contact information (if known):

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PSCOB encourages you to share your emotional experience during the incident; how you would have preferred the situation was managed by the officers; and, how you felt this experience impacted you afterward (optional). \_\_\_\_\_



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]

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Notary Public