



PAULDING COUNTY SHERIFF'S OFFICE

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COMPLAINT FORM

NAME OF EMPLOYEE _____

POSITION OF EMPLOYEE _____

PERSON FILING COMPLAINT _____

ADDRESS / COMPLAINT _____

TELEPHONE / COMPLAINANT _____

DATE OF COMPLAINT _____

LOCATION OF COMPLAINT _____

TYPE OF COMPLAINT _____

This writing is an official document of the State of Georgia. Any false, fictitious, misleading, or fraudulent statements are subject to punishment under Official Codes of Georgia Title 16, Chapter 10, § 20 as a felony with a penalty of one to five years imprisonment.

IF YOU UNDERSTAND THIS WARNING, INITIAL HERE: _____

COMPLAINT _____

(Continued on page 2)

COMPLAINT FORM PAGE 2

(Use back of sheet, if additional space is needed)

_____ **DATE**

SIGNATURE OF COMPLAINANT