

CITY OF WALTHOURVILLE

Walthourville Police Department



Chief Of Police Chris Reed 192 Suite B Talmadge Road Walthourville, Georgia 31333 (912) 368-6525 FAX: (912) 368-6511

GRIEVANCE FORM

Date:	Time:	Case No.#				
Name	Date of Pink					
Name:		Date of Birth				
Address		Phone				
Date of Incident:		Time of Incident:				
Officer(s) Involved:		Badge#				
own free will without prom	ise of hope or reward,	declare that the following voluntary statement is made of my without fear or threat of physical harm, without, coercion, favor ency, by any person or persons whomsoever.				
*						
		Date				
Signature of Person Giving S	tatement					

corrections, if any, bears my initials, and I certithat I made no request for the advice or prese	ting ofpage(s), each page of which bears my ify the facts contacted herein are true and correct. I nce of an attorney before or during any part of this shat this statement be stopped. I also declare that I was a statement be stopped.	further certify statement, not
prompted on what to say in this statement.		
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Signature of Person Giving Statement	Date	The same of the sa