



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 Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Officer(s) Involved: \_\_\_\_\_ Badge # \_\_\_\_\_

I, \_\_\_\_\_, declare that the following voluntary statement is made of my own free will without promise of hope or reward, without fear or threat of physical harm, without, coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

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\_\_\_\_\_  
 Signature of Person Giving Statement

\_\_\_\_\_  
 Date

