



Social Circle Police Department

AIC REPORT

138 E. Hightower Trail Social Circle, Georgia 30025
 Office: (770) 464-2366 Fax: (770) 464-4088

| | | | |
|--|---|--|---|
| 1. <input type="checkbox"/> Allegation of Misconduct <input type="checkbox"/> Inquiry <input type="checkbox"/> Commendation | 2. Received by <input type="checkbox"/> Telephone <input type="checkbox"/> In Person _____ <input type="checkbox"/> Other _____ | 3. Date Reported 4. Time Reported | 5. A-I-C Report No. <i>(OPS USE ONLY)</i> |
|--|---|--|---|

| | | |
|----------------------------------|----------------|----------------|
| 6. Location of Occurrence | 7. Date | 8. Time |
|----------------------------------|----------------|----------------|

9. Employee(s) Name(s) and Assignment(s)

| Codes: RP (Reporting Party) - PA (Person Alleged Misconduct Against) - W (Witness) - A (Arrested) | | | | | | | |
|---|------|------|-----|-----|---------|-----|-----------|
| 10. Witnesses | Code | Name | Sex | DOB | Address | Zip | Telephone |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | |
|---|---|---|---|--|
| 11. Photographs Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Audio/Video Recording Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Previous Complaints <i>(OPS USE ONLY)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Reports Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ | 15. Connecting Incident Reports |
|---|---|---|---|--|

16. Narrative:

| | | | |
|-------------------------------------|----------------|---|-----------------------|
| 17. Signature of Interviewer | Badge # | 18. Signature of Reporting Party | 19. Time Spent |
|-------------------------------------|----------------|---|-----------------------|

| | | | |
|---|---|---|-------------------------|
| 20. Review By: _____ Initials Date/Time | 21. Approved By: _____ Initials Date/Time | 22. Investigation Classification <input type="checkbox"/> Communication <input type="checkbox"/> Inquiry <input type="checkbox"/> Informal Investigation <input type="checkbox"/> Formal Investigation | Page 1 of ____ |
|---|---|---|-------------------------|



Social Circle Police Department

AIC REPORT

138 E. Hightower Trail Social Circle, Georgia 30025
Office: (770) 464-2366 Fax: (770) 464-4088

PAGE _____ OF _____

CASE NUMBER

A series of horizontal dotted lines for writing the report content.

| REPORTING OFFICER | NUMBER | APPROVING OFFICER | NUMBER | DATE |
|-------------------|--------|-------------------|--------|------|
| | | | | |