"A Message from the Chief of Police"

The Calhoun Police Department is dedicated to providing honest, efficient, and effective law enforcement services to the public. The protection of life, property, and civil liberties for ALL people fairly and equitably shall be the Department's daily objective.

Fairness: We treat everyone impartially, with consideration and compassion. We are equally responsive to our employees and to the community that we serve.
Integrity: We are committed to upholding the highest performance standards, maintaining ethical conduct, honesty, and truthfulness in all our relationships.
Service: We treat everyone with dignity, providing courteous and efficient service to the best of our ability.

It shall be the policy of the Calhoun Police Department to take the appropriate actions to resolve all complaints lodged against employees of the Department concerning alleged misconduct and/or criminal activity.

Kenneth Carson
Chief of Police
Calhoun, Georgia

City of Calhoun, Georgia

Police Department

Citizen Complaint Procedures

To file a complaint against a Calhoun Police Department (CPD) employee, a citizen can contact the Department at 10 McDaniel Station Road, Calhoun, Georgia. Contact the Department by calling (706) 629-1234. The CPD may arrange for your complaint to be taken, or may arrange for a "Complaint Form" to be mailed to you. You may also correspond with the Department at cpddispatch@calnet-ga.net or through "Instant Message" on the CPD "Facebook" page.

Command Staff reviews all complaints, and they will be discussed with the Chief of Police. You will be notified of the disposition of your complaint after the complaint has been thoroughly reviewed and/or investigated.

The Chief of Police determines the final disposition of all complaints.

*Please note that all contact with CPD officers is subject to possible video/audio recording.

Please type or print clearly. Please fill out the form completely;

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Number Street/Roadway Apartment/Unit

City: _____ State: _____

Zip Code: _____ Phone #: _____

Email: _____

I have read the above Instructions and fully understand them.

_____ _____
Complainant Signature Current Date

City of Calhoun, Georgia

Police Department

Citizen Complaint Form

Please type or clearly print. Please fill out the form completely;

Name: _____ Today's Date: _____

Incident Date(s): _____ Incident Time: _____

Number of Involved Officers: _____

Incident Location: _____

Officer(s) Name(s): _____

_____

Allegation: _____

Reason for Complaint: _____

_____

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_____

Use the attached Supplemental Form if needed.

Witnesses (circle one): Yes No

Witness(es) Name, Address, Phone, Email: _____

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City of Calhoun, Georgia

Police Department

Citizen Complaint Form - Supplemental

Please type or print clearly. Please fill out the form completely;

Name: _____

Explain the incident in detail. If more paper is needed, please attach additional "Supplemental" forms or notebook paper.

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City of Calhoun, Georgia

Police Department

Citizen Complaint Form – Supplemental (contd.)

Please type or print clearly;

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Mail to:

Major. Gallman
Calhoun Police Department
10 McDaniel Station Road
Calhoun, GA 30701