

# GEORGIA CRIME INFORMATION CENTER

## Person Report of Possible Security Violation

Complete and return this form along with a copy of your ID or driver's license to:

[CJISViolations@gbi.ga.gov](mailto:CJISViolations@gbi.ga.gov)

This request must be returned within 14 business days and include the following information:

Full Name:		Date of Birth:	/ /	
Name of criminal justice agency you believe allegedly accessed the information:				
Reason you believe the information was accessed:				
Date(s) information was allegedly accessed:				
Timeframe for search:	Start Date:	/ /	End Date:	/ /

***Include the following information you believe was accessed.***

### Vehicle/Vehicle Registration

Vehicle License Plate Number:

License Plate State:

Vehicle Year:

Vehicle Make:

Vehicle Model:

### Driver's License Information

Driver's License Number:

Driver's License State:

### Criminal History Record Information

Sex: (Male/Female)

Race:

Social Security Number:

GCIC will contact you regarding the results of the local agency's investigation. If you have additional questions about the investigative results, you must contact the local agency.

How would you like to be contacted by GCIC?

Telephone

Email

Home Phone:	
Cell Phone:	
Email Address:	