



# Daytona Beach Police Department

Complaint Control #: \_\_\_\_\_

## Citizen's Complaint Form

(Revised: 11/25/02)

### COMPLAINANT INFORMATION:

Name (L, F, MI): \_\_\_\_\_ Age: \_\_\_\_\_ Race/Sex: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

### DEPARTMENT PERSONNEL INVOLVED:

Name: \_\_\_\_\_ Badge # \_\_\_\_\_ Car # \_\_\_\_\_  
 Name: \_\_\_\_\_ Badge # \_\_\_\_\_ Car # \_\_\_\_\_

### COMPLAINT INFORMATION:

Nature of Complaint: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Date/Time Incident Occurred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ a.m. / p.m.  
 Date/Time Incident Reported: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ a.m. / p.m.  
 Incident Report Number if Applicable: \_\_\_\_\_

### CITIZEN'S COMMENTS:

Description of Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Pursuant to F.S.S. 837.06 – Anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor in the second degree.***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 COMPLAINANT SIGNATURE

\_\_\_\_\_  
 NOTARY PUBLIC/LAW ENFORCEMENT OFFICER SIGNATURE

**SUPERVISORY REVIEW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWING SUPERVISOR'S SIGNATURE

**LEVEL OF COMPLAINT:**

Level One ( ) Referred to Professional Standards \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_ a.m. / p.m.

Level Two ( ) Referred to Unit Supervisor for Investigation via the Chain of Command

Name of Unit Supervisor: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Results of the investigation completed via the Chain of Command:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIT SUPERVISOR'S SIGNATURE

Action taken – quote General Orders Section, Civil Service or State Statute

\_\_\_\_\_  
\_\_\_\_\_

*I have read the attached Citizen's Complaint. I understand that my signature does not signify my agreement or disagreement with the information contained herein.*

Signature of Employee(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Unit Supervisor's Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Division Commander's Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Office of Professional Standards:**

Received: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ a.m. p.m.

Investigation: Incomplete - Follow-Up ( ) Complete: ( )

Findings: Unfounded ( ) Exonerated ( ) Not Resolved ( ) Sustained ( ) Date/Time: \_\_\_\_\_

Complainant Notified of Findings: No ( ) Yes: ( ) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office of Professional Standards Supervisor: \_\_\_\_\_

Complete & Accepted: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_, Chief of Police