DAYTONA BEACH POLICE DEPARTMENT

CITIZEN'S COMPLAINT SUPPLEMENT FORM

Complaint Control # _____
Date: _____

Complainant Name: _____
Name of Employee(s): _____
Interviewing Supervisor: _____

Please indicate in the area(s) below which section(s) of the citizens complaint form is continued Below.

Complainants Narrative: □	Interviewing Supervisor's Comments: □

_____ _____
Completing Citizen/Interviewing/Supervisor Signature Date