



Daytona Beach Police Department

Complaint Control #: _____

Citizen's Complaint Form

(Revised: 06/17/2022)

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

