



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