

**BELLE ISLE POLICE DEPARTMENT
CITIZEN'S COMPLAINT FORM**

Complainant: _____

Address: _____

Telephone: Home: _____ Other: _____ Email: _____

Complaint Against: _____
(Name of Employee)

Employee #: _____ Vehicle #: _____

Complaint Information:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Nature of Complaint:

I, _____, do hereby swear (or affirm) that the facts stated above in this Citizen's Complaint are, to the best of my knowledge, true and based upon fact. I understand that knowingly filing a false statement would constitute a violation of Florida Statutes.

Complainant's Signature

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public, State of Florida
at Large. My commission expires:

(Notarial Seal)

CITIZEN'S COMPLAINT FORM (CONTINUED)

Complainant's Signature