

**Indian River County Sheriff's Office
Citizen's Complaint Form**

Date and Time Reported: _____

Complainant:

Name: _____ Date of Birth: _____ Sex: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

Complaint:

Date and Time of Incident: _____

Location of the Incident: _____

Nature of the Complaint: _____

Employee: _____

Details of Complaint (if additional space is needed use form on back): _____

Witness: _____ Phone: _____

Address: _____

Witness: _____ Phone: _____

Address: _____

Complainant's Signature: _____

Received By: _____

Indian River County Sheriff's Office
Citizen Complaint Form
Supplement

Additional Information: _____

I, _____ hereby certify and affirm that the statements contained herein are true and correct. I further certify and affirm I make these statements subject to the penalties of perjury as outlined in Florida Statute 837.012 and Florida Statute 837.05. A violation of either 837.012 F.S. or 837.05 F.S. is punishable by a term of imprisonment not to exceed one year and/or a fine not to exceed \$1,000.00.

Signature

Print Name

Sworn to and subscribed to before me, the undersigned authority, by who is personally known or has presented the following document as identification _____
this, _____ day of _____, 20____.

Notary Public or Law Enforcement Officer