



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

**IRCSO USE ONLY**  
**Complaint Number:**

Date and Time Reported: \_\_\_\_\_

Complainant:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Complaint:

Date and Time of Incident: \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

Nature of the Complaint: \_\_\_\_\_

Arrest/Accident/Incident Number (If Known): \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Personnel Involved:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Supplement

(This section may be used by you and/or the agency to summarize or further your complaint.)

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **IMPORTANT, READ AND SIGN THE FOLLOWING 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 outlined in Florida Statute 837.02 and Florida Statute 837.06.

837.02 Perjury in official proceedings (1) Except as provided in subsection (2), whoever makes a false statement, which he or she does not believe to be true, under oath in an official proceeding in regard to any material matter, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

837.06 False official statements (2) Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

### **I have read and understand the above statement**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

\_\_\_\_\_ Personally Known OR \_\_\_\_\_ Produced Identification  
Type of Identification Produced \_\_\_\_\_