

DAYTONA BEACH SHORES  
DEPARTMENT OF PUBLIC SAFETY  
Citizen's Complaint Form

Internal Affairs Control #:

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:  ID #:  Vehicle #:

Name:  ID #:  Vehicle #:

COMPLAINT INFORMATION

Nature of Complaint:

Location if 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:

COMMENTS CONTINUED

***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 duty shall be guilty of a second degree misdemeanor.***

Sworn to and subscribed before me this  day of , 20.

\_\_\_\_\_  
COMPLAINANT SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC / LAW ENFORCEMENT OFFICER SIGNATURE

SUPERVISORY REVIEW

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INTERVIEWING SUPERVISOR'S SIGNATURE

LEVEL OF COMPLAINT

Level One:  Referred to Investigation:  at  a.m. / p.m.

Level Two:  Referred to Patrol Supervisor for Investigation via Chain of Command

Name of Patrol Supervisor:

Results of the Investigation completed via the Chain of Command:

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UNIT SUPERVISOR'S SIGNATURE

Action taken – quote Directive 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: \_\_\_\_\_

Received Date:  Time:  a.m. / p.m.

Investigation:  Incomplete  Follow-up  Complete

Findings:  Unfounded  Exonerated  Not Resolved  Sustained Date/Time:

Complainant Notified of Findings:  Date:

Watch Commander's Signature: \_\_\_\_\_ Complete & Accepted Date: