

**UNIVERSITY OF FLORIDA POLICE DEPARTMENT  
CITIZEN COMPLAINT FORM**

***CONFIDENTIAL PURSUANT TO SECTION 112.533(3) F.S.S.***

Date/ Time Received: \_\_\_\_\_

Internal Affairs Investigation Number: \_\_\_\_\_

**Complainant**

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

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

Cell / Home Phone: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

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

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

**Optional** (statistical purposes only)

<b>Age:</b>	<b>Sex:</b>	<b>Status:</b>	<b>Student</b>	<b>Staff</b>	<b>Faculty</b>	<b>Other</b>
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**For the Record**

As mandated by Florida State Statute 112.533 (3), all information obtained pursuant to a Department's administrative inquiry or internal investigation of a complaint filed against a police officer is confidential until such investigation is concluded or becomes inactive.

**Officers/Employees Against Whom The Complaint Is Made**

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_ Rank: \_\_\_\_\_

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_ Rank: \_\_\_\_\_

( ) Additional Officers/Employees Listed in Complainant Statement Section.

**Witnesses**

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

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

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

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

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

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



**UNIVERSITY OF FLORIDA POLICE DEPARTMENT  
CITIZENS COMPLAINT FORM**

**Sworn Statement**

Internal Affairs Investigation Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

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

**Affidavit of Complainant:**

I swear or affirm that this statement is true to the best of my knowledge and belief:

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

ID No.: \_\_\_\_\_

( ) Statement continued on additional page(s).