

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)

Age:	Sex:	Status:	Student	Staff	Faculty	Other
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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: _____

DEPARTMENT USE ONLY
Confidential Pursuant to Section 112.533 (3) F.S.S.

Complainant: _____

Employee: _____

Supervisor's Remarks (Complaint injuries, demeanor, sobriety, antagonistic):

Complaint Received: In Person Phone Mail Anonymous

Signature of Receiving Supervisor: _____ Date: _____

Signature of Chief Upon Receipt: _____ Date: _____

Type: Internal Affairs Investigation Administrative ECAP
 Criminal

Notification Acknowledgment of Complaint Sent to Complainant: Date:

Investigator/Supervisor Assigned: _____ Date: _____

Signature Upon Completion: _____ Date: _____

Final Action Following Review by the Chief: _____

Final Action Following Review by the Chief: _____

DISPOSITION:

- () **PROPER CONDUCT** (Exonerated) -- Allegation true. Actions were consistent with policy or law.
- () **IMPROPER CONDUCT** (Sustained) -- Allegation true. Actions were inconsistent with policy or law.
- () **INSUFFICIENT EVIDENCE** (Not Sustained) -- Insufficient evidence to prove or disprove allegation.
- () **UNFOUNDED COMPLAINT** -- Allegation demonstrably false or lacks credible evidence.
- () **NOT INVOLVED** -- Alleged officer who was the subject of the complaint was not involved.
- () **POLICY FAILURE** -- Allegation true, but actions were not inconsistent with policy.

Written Notification to Complainant of Administrative Inquiry Conclusion. Date: _____

Written Notification to Complainant of Internal Affairs Investigation Conclusion. Date: _____

Written Notification to Officer/Employee of Disposition. Date: _____

Signature of Chief of Police: _____ Date: _____

If IA charges are sustained, is a copy of this IA required to be submitted to CJSTC? YES NO
(Internal Investigation Report Form (CJSTC-78) pursuant to 943.1395(5) F.S.S.)

**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).