EMPLOYEE COMPLAINT FORM

Atlantic Beach Police Department

Date: _____ Time: _____ Complainant Name*: _____

Address:_____

Phone (Home) _____ (Cell) _____

DOB: _____ Social Security #: _____ Age _____ Sex _____ Race _____

INVOLVED EMPLOYEE:

Employee's Name and ID # (If known):				
Race:	Sex:	Height:	Weight:	Approx. Age:
Other Identifying Characteristics:				
Vehicle or Tag#:	Vehicle Model:		In Uniform: ☐ Yes ☐ No	
Officer Vehicle Description:				
Location of Incident/Event:				
Day and Date of Incident/Event:		Time:		

Explanation of Event:

_____

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2 copies: Original – Records Division; Copy – Originator

EMPLOYEE COMPLAINT FORM

Atlantic Beach Police Department

I understand that this is an official statement and is governed under Florida State Statute 837.06, which states that whoever knowingly makes a false statement in writing with intent to mislead a public servant shall be guilty of a Misdemeanor of the Second Degree.

I have written and/or read, this statement consisting of ____ pages, each of which bears my signature and corrections, if any, bear my initials. I swear/affirm that this statement is true and correct to the best of my knowledge.

Signature/Date Witness/Date

*Complainant name and personal information is OPTIONAL. It is not required for the complaint to be considered valid.