WINTER SPRINGS POLICE DEPARTMENT

CITIZEN'S COMPLAINT FORM

C.C.# _____

Complainant's Name :_____

Address:_____

Home Phone: _____Cell:_____ Work Phone: _____

Employee's Name(s) :_____

Witness's Name: _____

Address: _____

Home Phone: _____Cell:_____ Work Phone: _____

Description of complaint: (completed by the complainant)

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Continuation:

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I, _____ , do hereby swear or affirm that the above allegation(s) made by me, to the best of my knowledge and belief, are true and based upon the fact(s).

Complainant's Signature _____

Subscribed and sworn to before me this_____ Day of_____ , 20____

L.E.O. Taking Complaint (F.S.S. 117.10) _____

Complaint submitted to Internal Affairs on _____ , 20____

WSPD # 91-B 11-2011