### VERO BEACH POLICE DEPARTMENT 1055 20th Street Vero Beach, FL 32960 772-978-4600

#### CITIZEN COMPLAINT FORM

Control Number\_\_\_\_\_

Complainant's Last Name	First Name	M.I.
Home Address/City/State/Zip Code		Home Phone
Place of Employment	Business Address	Business Phone
Witness(s) Name/Address/Phone Numbers	:	
Location of Incident(s):		
Date and Time of Occurrence:		
Name of Police Officer(s) - If Unknown, Pro	ovide Description(s):	
		I.D. #
		I.D. #
Division:		
Details of Complaint (to be completed by C	omplainant):	

Details of Complaint (contin	ued):	(Use other side if necessary)
Name of Person Assisting		Reason for Assistance
Accepting Officer		Date and Time
I,	, do he	ereby affirm that the foregoing information provided
or untrue statements, accusati	ons, or allegations herein	and belief. I understand that any false, misleading a made by me, either orally or in writing, to any o civil and/or criminal prosecution. (F.S.S. 837.06 -
member of the Vero Beach Pol the accused Department memb	lice Department to discuss er at the discretion of the I	estigation of this complaint, for me to meet with a this complaint, either in the presence or absence of Department. I hereby accept the premise that if any as a result of my complaint, my testimony before
these hearings may be require administrative hearing when re		te myself available to the aforementioned court or
		Signature of Complainant
Sworn to and subscribed before	e me this	
date of	, 20	Notary Public
My Commission Expires		rotary rubiic
iviv Commission Expires		

# REQUEST FOR POLICE REPORT

Date:				
Police Records Supervisor Vero Beach Police Department Vero Beach, FL 32960				
I request a copy of a police report, Case Number:				
Name of Requester:				
Address:				
Home Phone:				
Case File under Name of:				
Subject:				
Victim:				
Witness:				
Other:				
Type of Incident:				
Date of Incident:				
Location of Incident:				
Police Officer I.D. (If known):				
Reason for request:				
(Signature)				
Request Honored by:		# pages		
Request Denied by:				
Reason:				
(File w	ith Case)			

(File with Case)

## FOR POLICE DEPARTMENT USE ONLY

(TO BE COMPLETED BY THE RECEIVING OFFICER)

Name of Receiving Officer	Date and Time
Complaint Copy Furnished by	Date and Time
Receiving Officer(s) Observation of the C	Complainant:
	Signature of Receiving Officer
Name of Officer under Investigation	I.D. #
Current Assignment:	

## CITIZEN COMPLAINT EMPLOYEE NOTIFICATION FORM

DATE:
TO:
Name of Employee
FROM:
Investigating Officer
This is to inform you that you are the subject of an Internal Investigation based on a Citizen's Complaint.
The allegation(s) set forth in the Citizen's Complaint report are as follows:
I will be conducting the investigation in accordance with the procedures outlined in Department Operations Manual #97.
Your rights and responsibilities as the accused employee in this investigation are outlined in Department Operations Manual #97, the Police Bill of Rights, F.S.S. 112.532, and the provisions of the current collective bargaining contract.
Signed:
Signed: Investigating Officer