



OVIEDO POLICE DEPARTMENT
300 ALEXANDRIA BOULEVARD ~ OVIEDO, FLORIDA 32765

CITIZEN'S COMPLAINT FORM

Complainant Name:

Address:

Home Phone Number:

Business Phone Number:

Employee Name:

I.D. Number:

Assignment:

Witness Name:

Address:

Phone:

Nature of Complaint:

I, _____, do hereby swear (or affirm) that the factual allegation(s) made by me above in this Citizen's Complaint are, to the best of my knowledge and belief, true and based upon fact. Every law enforcement officer or correctional officer shall have the right to bring civil suit against any person, group of persons, or organization or corporation, or the head of such organization or corporation for damages either pecuniary or otherwise, suffered during the performance of the officer's official duties, for abridgement of the officer's civil rights arising out of the officer's performance of official duties, or filing a complaint against the officer which the person knew was false when it was filed.

State of Florida
County of _____

Complainant's Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Officer's Signature

Signature of Notary Public – State of Florida

Printed Name of Officer

(Print, Type or Stamp Commissioned Name of Notary Public)
Personally known _____ OR Produced Identification _____
Type of Identification Produced _____

Title or Rank