



Indian River County Sheriff's Office Citizen's Complaint Form

IRCSO USE ONLY
Complaint Number:

Date and Time Reported: _____

Complainant:

Name: _____ Date of Birth: _____ Sex: _____

Home Address: _____ Phone: _____

City, State, Zip Code: _____

Business Address: _____ Phone: _____

City, State, Zip Code: _____

Complaint:

Date and Time of Incident: _____

Location of the Incident: _____

Nature of the Complaint: _____

Arrest/Accident/Incident Number (If Known): _____

Witness: _____ Phone: _____

Address: _____

Witness: _____ Phone: _____

Address: _____

Agency Personnel Involved:

Name: _____ Title: _____

Name: _____ Title: _____

Complainant's Signature: _____ Date: _____



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Supplement

(This section may be used by you and/or the agency to summarize or further your complaint.)

Additional Information: _____

IMPORTANT, READ AND SIGN THE FOLLOWING INFORMATION

I, _____ hereby certify and affirm that the statements contained herein are true and correct. I further certify and affirm I make these statements subject to the penalties outlined in Florida Statute 837.02 and Florida Statute 837.06.

837.02 Perjury in official proceedings (1) Except as provided in subsection (2), whoever makes a false statement, which he or she does not believe to be true, under oath in an official proceeding in regard to any material matter, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

837.06 False official statements (2) Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

I have read and understand the above statement

Signature

Print Name

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of _____, 20____, by _____

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

_____ Personally Known OR _____ Produced Identification
Type of Identification Produced _____