



**VOLUSIA SHERIFF'S OFFICE CITIZEN'S COMPLAINT FORM**  
**(Instructions for completing)**

**Complainant:**

Print first name, middle initial, last name. Enter numerical date of birth (month, day, year).  
(Example 03/14/75). M or F will be indicative of male or female.

**Personnel Involved:**

Print first name, middle initial, last name. Enter four-digit Identification Number of Department member, if known.

**Witnesses:**

Print first name, middle initial, last name. Print full address, enter P.O. Box for mail purposes only. Enter phone number to include area code.

**Complaint:**

**Nature of Complaint:** To be stated in Complainant's own words as to what is the complaint.

**Date/Time of Incident:** Enter date and time incident occurred.

**Location:** Print street number, street name and city in which incident occurred.

**Detail by Complainant:** A complete description of the incident to include all witnesses. A continuation form is available to assist the complainant or supervisor in providing complete detail of the complaint.

**Note:** The complainant will sign the Citizen's Complaint Form before a notary public or law enforcement officer. Minors who wish to file a complaint must be accompanied by a parent or guardian who must also sign the complaint form.

**Supervisor's Signature:**

The supervisor who receives the complaint will sign and date the form to include the time signed.

The original Citizen Complaint Form will be forwarded to the Internal Affairs Unit as soon as possible, upon receipt of the original complaint. The investigating supervisor will maintain and utilize a copy of said complaint while completing the investigation. This copy of the Citizen's Complaint Form along with the supervisor's investigative findings will be forwarded to the Sheriff or designee, via chain-of-command. The Sheriff or designee will determine if the citizen's complaint has been satisfactorily addressed by the supervisor completing the Citizen's Complaint Form. The Sheriff or designee will then determine if the complaint needs to be further investigated. If the Sheriff or designee, determines that the incident requires additional investigation, he will assign that duty to the subject employee's Division or to the Internal Affairs Section. The Sheriff or designee will sign and date the form and may include comments. Barring extenuating circumstances, the investigation will be completed within 45 days. The complainant will be notified, in writing, of the investigative findings.

**Supervisor's Comments:**

The employee's immediate supervisor, or an appointed supervisor, will review the complaint. Supervisors conducting the initial complaint review will enter comments indicating the results of their inquiries. The complainant's satisfaction or dissatisfaction with the supervisor's conclusions/explanations will also be documented.

Investigations by supervisory personnel shall be forwarded in memo form to the Sheriff or designee, via chain-of-command for review to ensure citizen complaints are resolved satisfactorily. After review, the completed supervisory review containing all chain-of-command input shall be forwarded to Internal Affairs Section for record maintenance.

These reports, and all copies, will be completed and submitted to the Internal Affairs Supervisor within forty-five (45) calendar days.

- End of Instruction Page -



**VOLUSIA SHERIFF'S OFFICE CITIZEN'S COMPLAINT FORM**

**COMPLAINANT:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
Sex \_\_\_\_\_  
Res. Address \_\_\_\_\_ Phone \_\_\_\_\_  
Bus. Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personnel Involved:**

Name: \_\_\_\_\_ I.D. No. \_\_\_\_\_  
Name: \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Additional witness information to be entered on Citizen's Complaint Continuation Form.

**Complaint:**

Nature of Complaint: \_\_\_\_\_  
Date/Time of Incident: \_\_\_\_\_  
Location: \_\_\_\_\_

**Detail by Complainant:**

**CAUTION:** Whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree: pursuant to Florida State Statute S.S. 837.06. Further, if the person filing a complaint against a deputy knew the charges to be false at the time of filing the complaint, the accused has the right to pursue civil damages against the complainant: pursuant to Florida State Statute 112.532(3).

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT \_\_\_\_\_  
SIGNATURE

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
Affiant's Name

Signature of (Circle One: **Notary Public-State of Florida** or **Law Enforcement Officer**)

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

Personally known OR Produced Identification

\_\_\_\_\_  
(Type of Identification Produced)

Supervisor \_\_\_\_\_ ID# \_\_\_\_\_ Date/Time \_\_\_\_\_



# Citizen's Complaint Continuation Form

Page \_\_\_\_ of \_\_\_\_ Pages

[Large empty rectangular box for writing the complaint continuation.]

**CAUTION:** Whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree: pursuant to Florida State Statute S.S. 837.06. Further, if the person filing a complaint against a deputy knew the charges to be false at the time of filing the complaint, the accused has the right to pursue civil damages against the complainant: pursuant to Florida State Statute 112.532(3).

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT \_\_\_\_\_

SIGNATURE

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
Affiant's Name

Signature of (Circle One: **Notary Public-State of Florida** or **Law Enforcement Officer**)

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

Personally known OR Produced Identification

\_\_\_\_\_  
(Type of Identification Produced)