



Seminole County Sheriff's Office  
100 Eslinger Way  
Sanford, FL 32773  
407-665-6611

**SEMINOLE COUNTY SHERIFF'S OFFICE**  
**CITIZEN COMPLAINT STATEMENT**

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF STATEMENT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

SHERIFF'S OFFICE PERSONNEL INVOLVED: \_\_\_\_\_

DESCRIBE DETAILS OF INCIDENT AND THE SPECIFIC NATURE OF THE COMPLAINT:

Complainant's Initials \_\_\_\_\_

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

**CITIZEN'S COMPLAINT STATEMENT:** *(continuation)*

[Empty rectangular box for the citizen's complaint statement]

Complainant's Initials \_\_\_\_\_

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

## **RECEIPT OF CITIZEN'S COMPLAINT**

### **Upon receipt of your complaint, the following will occur:**

1. After a review of your complaint has been completed, you will receive a response from the Professional Standards Division. If additional information is required an investigator may contact you and an appointment may be scheduled with you for the taking of a sworn interview.
2. You will be notified and advised of the final disposition of your complaint.

### **Important Information:**

1. When an internal investigation is concluded, that investigative file becomes open for personal inspection by any person pursuant to Chapter 119 F.S. Statute, the Public Records Act.
2. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Chapter 837.06, F.S. Statute.
3. Whoever makes a false statement, which he/she does not believe to be true, under oath, not in an official proceeding, in regard to any material matter shall be guilty of a misdemeanor of the first degree. Chapter 837.012, F.S. Statute.
4. Whoever makes an allegation in good faith and believes their statement to be true shall not be subject to reprisal.
5. You may contact a Professional Standards investigator by telephone at 407-665-6611, between 8:00 a.m. and 5:00 p.m., Monday through Friday.  
Email: [professionalstandards@seminolesheriff.org](mailto:professionalstandards@seminolesheriff.org)

By my signature, I hereby swear or affirm that the statement made by me, which begins on Page 1 and ends on page \_\_\_\_\_ is true and correct.

SIGNED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_  
EMPLOYEE'S NAME/DATE/TIME

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC OR LAW ENFORCEMENT OFFICER

Signatory Personally Known or Type of I.D. Produced: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Complainant's Initials \_\_\_\_\_

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