UNIVERSITY OF CENTRAL FLORIDA POLICE DEPARTMENT

CITIZEN COMPLAINT/CONCERN FORM

AGAINST SWORN/UNSWORN POLICE PERSONNEL

Date: _____

NAME: Ms. / Mr. / Mrs. _____
First Middle Last

ADDRESS:
Local _____

Permanent _____

TELEPHONE NUMBER: _____ _____
Home Business

EMAIL ADDRESS: _____

STATUS: (Check One)

Faculty _____ Staff _____ Student _____ Non-Assoc. _____

I wish to make a formal complaint against _____
Name of Police Dep't. Employee

For the following reason(s):

BASIS FOR COMPLAINT/CONCERN:

_____

_____

_____

_____

_____

_____

General Order 100-15, Addendum "A"
Revised 15 JUN 01

CITIZEN COMPLAINT/CONCERN, Continued:

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_____ _____

Complainant Date

"Any person who willfully discloses, or permits to be disclosed, his intention to file a complaint/concern, which has been filed with an agency, or any document, action, or proceeding in connection with a confidential internal investigation or an agency, before such complaint/concern, document, action, or proceeding, becomes public record, as provided herein, is guilty of a misdemeanor in the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083."

Sworn to and subscribed before me, the undersigned authority,

I swear and affirm the above statements are correct and true.

This_____day of _____20 ___

_____ _____

Notary Public _____ LE Officer_____ Signature Date