



VOLUSIA SHERIFF'S OFFICE

Citizen's Complaint

Information and Instructions for Completing

COMPLAINANT

- Name:** Print first name, middle initial, and last name.
Date of Birth: Enter month/day/year. (Example: 03/14/1975)
Sex: Enter Male or Female.
Residence Address: Enter the complainants residential address.
Phone: Enter the complainant's home or cellular phone number.
Business Address: Enter the complainants business or work address.
Phone: Enter the complainant's work phone number.

VSO PERSONNEL INVOLVED

- Name:** Enter the name of the involved VSO member.
I.D. Number: Enter the VSO member's work I.D. number.

WITNESSES

- Name:** Print the witness' name.
Phone: Enter a phone number for the witness.
Address: Enter an address for the witness.
Should there be more than two (2) witnesses, add the additional witness information into the complaint details section.

COMPLAINT

- Nature of Complaint:** The complainant's own words stating what the complaint is.
Date and Time of Incident: Enter the date and time the incident occurred.
Location: Print the street number, street name, and city where the incident occurred.

COMPLAINT DETAILS

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.

ADVISEMENT AND COMPLAINANT'S SIGNATURE

The following text is found on each page of the complaint to advise the complainant:

A person who knowingly makes a false declaration in this verified citizen complaint is guilty of the crime of perjury by false written declaration, a felony of the third degree, per Section 92.525(3), Fla. Stat. Also, 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, per 837.06 Fla. Stat. Pursuant to section 112.532(3), Fla. Stat., if a person filing a complaint against a deputy knew the charges to be false at the time of filing the complaint, the falsely accused deputy has the right to pursue civil damages against you, the complainant.

Under penalty of perjury, I declare that I have read the foregoing verified citizen complaint and that the facts stated in it are true.

The complainant must sign each page of the complaint before a notary public or law enforcement officer and have the complaint notarized.

INFORMATION

- Minors filing a complaint must be accompanied by a parent or guardian, who must also sign the complaint.
Barring extenuating circumstances, the complaint's investigation will be completed within forty-five (45) days.
The complainant will be notified in writing of the investigative findings.

-End of Information and Instructions-



VOLUSIA SHERIFF'S OFFICE
Citizen's Complaint

Case #: _____

COMPLAINANT:

Name _____ Date of Birth _____ Sex _____

Residence Address _____ Phone _____

Business Address _____ Phone _____

VSO PERSONNEL INVOLVED:

Name _____ I.D. Number _____

Name _____ I.D. Number _____

WITNESSES:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Additional witness information to be entered in the complaint details section on page two (2).

COMPLAINT:

Nature of Complaint _____

Date and Time of Incident _____

Location _____

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Under penalty of perjury, I declare that I have read the foregoing verified citizen complaint and that the facts stated in it are true.

(Complainant's 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)



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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 and Time** _____