



I. COMPLAINANT'S INFORMATION

If Yes, please provide Department: _____ Division: _____

II. COMPLAINT FILED AGAINST:

(Use additional sheet of paper if more than one person)

III. ALLEGATIONS:

Continue the statement on the supplemental page.

Case Number: _____

Case Number: _____

IV. : WITNESSES

1) First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: Work: _____ Home: _____ Cell: _____

Orange County employee: _____ Yes _____ No

2) First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: Work: _____ Home: _____ Cell: _____

Orange County employee: _____ Yes _____ No

3) First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: Work: _____ Home: _____ Cell: _____

Orange County employee: _____ Yes _____ No

V. AFFIRMATION AND SIGNATURE:

I, _____, do swear or affirm that to the best of my knowledge and belief the allegation(s) made by me on this complaint form are true and based on substantiated fact.

Signature of Affiant

Date

STATE OF FLORIDA
COUNTY OF _____

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

this _____ day of _____, 20_____, by _____.

Who is:

[] Personally Known

[] Or. Produced Identification

Type _____

Signature of Notary

(Notary Stamp)