

**JACKSONVILLE SHERIFF'S OFFICE  
501 E. BAY STREET  
JACKSONVILLE, FLORIDA 32202-2975**

**EMPLOYEE COMPLAINT FORM**

Nature of Incident/Event	I.A. # (Administrative Use Only)
--------------------------	----------------------------------

**SHERIFF'S OFFICE EMPLOYEE INFORMATION**

**CITIZEN INFORMATION**

Employee's Name and ID# (if known)					Citizen's Name (First MI Last)		
Race	Sex	Height	Weight	Approximate Age	Home Address		Apt#
Other Identifying Characteristics					City	State	Zip Code
Vehicle or Tag #	Vehicle Model		In Uniform		Race	Sex	D.O.B.
Employee Vehicle Description (Marked/Unmarked, Color)					Home #	Business #	Cell #
Location of Incident/Event					Name of Witness (First MI Last)		
Day and Date of Incident/Event			Time		Witness Address	City, State	Zip Code
Today's Date and Time					Witness Phone Number(s)		

**EXPLANATION OF EVENT: (Also list on the back any additional information, employees, witnesses, etc)**


**F.S.S. 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.**

Signature of Citizen: \_\_\_\_\_  
All information is true and correct to the best of my knowledge.

Employee Accepting Form	Assignment	Date and Time
-------------------------	------------	---------------

