



# SEMINOLE POLICE DEPARTMENT

## COMPLAINT AGAINST EMPLOYEE FORM

Prof. Stds. Number: \_\_\_\_\_

\_\_\_\_\_

Last Name	First	Middle
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\_\_\_\_\_

Address	City	State	Zip Code
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\_\_\_\_\_

Race	Sex	Home Phone	Work Phone	Cell Phone
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I wish to make a formal complaint against \_\_\_\_\_

I, \_\_\_\_\_ have been made aware that under Florida State Statute #112.533, when making a complaint against a sworn police officer: "any person who is a participant in an internal investigation, including the complainant, the witnesses in the investigation, who willfully discloses any information obtained pursuant to the agency's investigation, including, but not limited to, the identity of the officer under investigation, the investigation of an agency, before such complaint, document, action, or proceeding becomes public record as provided in this section commits a misdemeanor of the first degree as provided in s.775.082 or s.775.083.

\_\_\_\_\_  
Signature of the Complainant

BASIS FOR COMPLAINT: \_\_\_\_\_

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My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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