



SEMINOLE POLICE DEPARTMENT

COMPLAINT AGAINST EMPLOYEE FORM

Professional Standards Number _____

Last Name:

_____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Race: ____ Sex: ____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

I wish to make a formal complaint against:

I, _____ have been made aware that under Florida Statute #112.533, when making a complaint against a sworn police officer that “Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation and the subject’s legal counsel or a representative of his or her choice, the investigator conducting the investigation, and any 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 nature of the questions asked, information revealed, or documents furnished in connection with a confidential internal investigation of an agency, before such complaint, document, action, or proceeding becomes a public record as provided in this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.”

Further, “I, the undersigned, do hereby swear, under penalty of perjury, that, to the best of my personal knowledge, information, and belief, I have not knowingly or willfully deprived, or allowed another to deprive, the subject of the investigation of any of the rights contained in ss. 112.532 and 112.533, Florida Statutes.”

BASIS FOR COMPLAINT:

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CONTINUATION:

Signature of Complainant: _____ Date: _____

Before me, _____ a notary public in and for the County of _____, did personally appear _____ and made under oath that he/she is the person who executed the foregoing complaint form, that he/she has read the same and knows the contents thereof, and that the matters stated within are true to his/her knowledge.

Sworn and subscribed to me this _____ day of _____ 20____

Signature: _____

My commission expires the _____ day of _____ 20____

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