

SEMINOLE COUNTY SHERIFF'S OFFICE

<i>COMPLAINANT</i>	NAME _____ DATE OF BIRTH _____
	ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
	HOME PHONE _____ OFFICE PHONE _____
<i>EMPLOYEE</i>	NAME _____ ASSIGNMENT _____
	SEX _____ RACE _____ BADGE/ID/CAR NUMBER _____
	OTHER DESCRIPTION _____

Details of the incident. (Use next page, if necessary)

I have read and understand this complaint and find it true and correct. It is my desire that this complaint be diligently investigated. I further understand that if the investigation proves these allegations to be false, I may be liable to both civil and criminal prosecution.

_____ Date _____ Signature Of Complainant (Parent Or Guardian signature if complaint is a minor)

_____ Printed Name Of Receiving Employee _____ Signature Of Receiving Employee

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Details of the incident. (Continued)

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