

# Columbia County Sheriff's Office – Citizen Complaint Procedure & Form

Complainants Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Arrested:    No    Yes

CCSO Case Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Sheriff's Office Staff Involved: \_\_\_\_\_

Other Agency Personnel Involved: \_\_\_\_\_

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1<sup>st</sup> Witness Name If Any: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Additional Witness Name If Any: \_\_\_\_\_

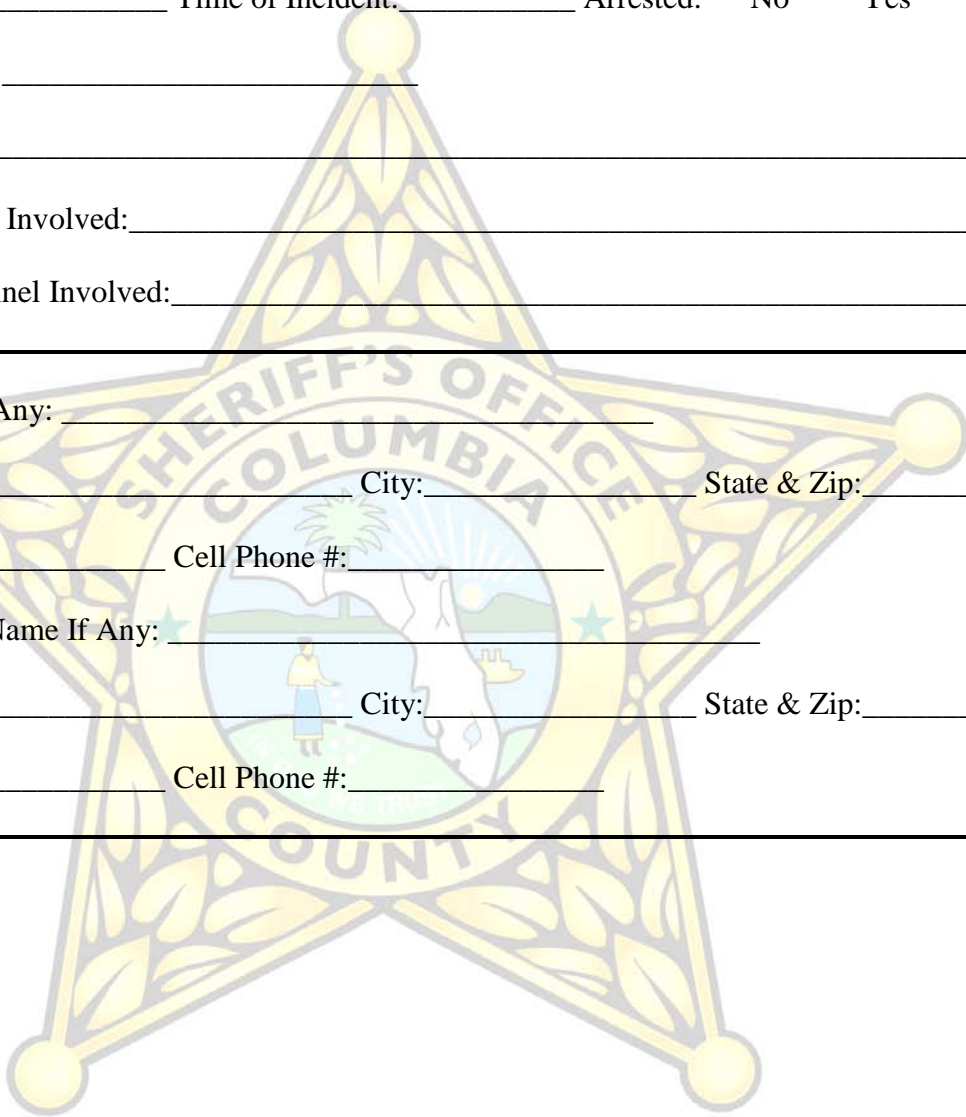
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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Complaint Details:

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A person who reports or causes to be reported false information, knowing the information is false, or who reports the alleged occurrence of a criminal act knowing the act did not occur, commits a misdemeanor. An officer shall have the right to pursue civil remedies under the law against a citizen arising from the filing of a false complaint against the officer.

I, \_\_\_\_\_ hereby certify and affirm that the statements contained herein are true and correct. I further certify and affirm I make these statements subject to the penalties of perjury as outlined in Florida Statute 837.012 and Florida Statute 837.06. A violation of either 837.012 F.S. or 837.05 F.S. is punishable by a term of imprisonment not to exceed one year and/or a fine not to exceed \$1,000.00.

\_\_\_\_\_  
Signature Print Name

Sworn to and subscribed to before me, the undersigned authority, by who is personally known or has presented the following document as identification \_\_\_\_\_ this, \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Law Enforcement Officer

**FOR OFFICIAL OFFICE USE ONLY**

Date Complaint Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Sent to Internal Affairs: \_\_\_\_\_ Date Logged Into System: \_\_\_\_\_

Investigative Action:      Route to Supervisor      Route thru IA for Further Action

Final Findings:      Sustained      Inconclusive/Not Sustained      Exonerated      Unfounded

Date Findings Approved By Sheriff: \_\_\_\_\_

Sheriff's Signature: \_\_\_\_\_

Date Findings Sent to Complainant: \_\_\_\_\_