Citizen's Complaint Statement



Complainant			FLOR		
	Information				
Name:		,			
	LAST		FIRST		
Address: _	STREET	CITY	STATE ZIP		
Primary Phone:	☐ CELL PHONE ☐ HOME PHONE	Work Phone:			
Email Address:					
Statement					
Date of Statemen	t:	Date of Incident:			
	rsonnel Involved:				
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	Describe details of the incident and the nature of the complaint:				
ве specijic ana use a	Be specific and use a continuation form if needed.				
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SIEWWWOLE COUNTY SEMINOLESHERIFF.ORG

Statement Continuation







Page ____ of ____

Revised: 2/19/2020

Statement Continuation









Page ____ of ____