



VOLUSIA SHERIFF'S OFFICE
Citizen's Complaint

Information and Instructions for Completing

COMPLAINANT

Name: Print first name, middle initial, and last name.

Date of Birth: Enter month/day/year. (Example: 03/14/1975)

Sex: Enter Male or Female.

Residence Address: Enter the complainant's residential address.

Phone: Enter the complainant's home or cellular phone number.

Business Address: Enter the complainant's business or work address.

Phone: Enter the complainant's work phone number.

VSO PERSONNEL INVOLVED

Name: Enter the name of the involved VSO member.

I.D. Number: Enter the VSO member's work I.D. number.

WITNESSES

Name: Print the witness' name.

Phone: Enter a phone number for the witness.

Address: Enter an address for the witness.

Should there be more than two (2) witnesses, add the additional witness information into the complaint details section.

COMPLAINT

Nature of Complaint: The complainant's own words stating what the complaint is.

Date and Time of Incident: Enter the date and time the incident occurred.

Location: Print the street number, street name, and city where the incident occurred.

COMPLAINT DETAILS

A complete description of the incident to include all witnesses. A continuation form is available to assist the complainant or supervisor in providing complete detail of the complaint.

ADVISEMENT AND COMPLAINANT'S SIGNATURE

The following text is found on last page of the complaint to advise the complainant:

A person who knowingly makes a false declaration in this verified citizen complaint is guilty of the crime of perjury by false written declaration, a felony of the third degree, per Section 92.525(3), Fla. Stat. Also, whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree, per 837.06 Fla. Stat. Pursuant to section 112.532(3), Fla. Stat., if a person filing a complaint against an employee knew the charges to be false at the time of filing the complaint, the falsely accused employee has the right to pursue civil damages against you, the complainant.

Under penalty of perjury, I declare that I have read the foregoing verified citizen complaint and that the facts stated therein are true. Additionally, I affirm, under penalty of perjury, if AI tools were utilized in the preparation of this document, all statements, facts, and descriptions contained herein are true, accurate, and based upon my own personal knowledge.

The complainant must sign the complaint before a notary public or law enforcement officer and have the complaint notarized.



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INFORMATION

Minors filing a complaint must be accompanied by a parent or guardian, who must also sign the complaint.

Barring extenuating circumstances, the complaint's investigation will be completed within forty-five (45) days.

The complainant will be notified in writing of the investigative findings.

Upon completion, the complaint form may be submitted by mail to the Volusia Sheriff's Office, P.O. Box 569, DeLand, Florida, dropped off at any of our District Offices, or electronically via email to

InternalAffairs@volusiasheriff.gov.

-End of Information and Instructions-



VOLUSIA SHERIFF'S OFFICE
Citizen's Complaint

Case #: _____

COMPLAINANT:

Name _____ Date of Birth _____ Sex _____

Residence Address _____ Phone _____

Business Address _____ Phone _____

VSO PERSONNEL INVOLVED:

Name _____ I.D. Number _____

Name _____ I.D. Number _____

WITNESSES:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Additional witness information to be entered in the complaint details section on page two (2).

COMPLAINT:

Nature of Complaint _____

Date and Time of Incident _____

Location _____

COMPLAINT DETAILS



VOLUSIA SHERIFF'S OFFICE
Citizen's Complaint

Case #: _____

COMPLAINT DETAILS CONTINUED

[Empty box for complaint details]

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(Complainant's Signature)

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of Physical presence or Online notarization,

this _____ day of _____, _____, by _____
Affiant's Name

Signature of (Circle One: **Notary Public-State of Florida** or **Law Enforcement Officer**)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known OR Produced Identification

(Type of Identification Produced)

Supervisor _____ ID# _____ Date and Time _____