



St. Augustine Beach Police Department

Robert A. Hardwick, Chief of Police



CITIZEN COMPLAINT/RECOGNITION FORM

Name: _____
Address: _____
Telephone: _____ Cell: _____ Work: _____

Officer/Personnel Involved

Name: _____ ID#: _____ Car #: _____
Name: _____ ID#: _____ Car #: _____
Name: _____ ID#: _____ Car #: _____

Complaint

Nature of Complaint: _____
Date of Incident: ____/____/____ Time of Incident: _____ AM/PM
Location of Incident: _____
Witness(s): _____
Details of Complaint: _____

Florida State Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree.

Signature of Complainant: _____
Date of Signature: ____/____/____

Supervisory Disposition

Supervisory Signature: _____
Date of Signature: ____/____/____

Recognition

Nature of Recognition or Commendation: _____
Date of Incident: ____/____/____ Time of Incident: _____ AM/PM
Location of Incident: _____
Witness(s): _____
Details of Recognition or Commendation: _____

Supervisory Signature: _____
Date of Signature: ____/____/____

Revised 04/04/2016