



Collier County Sheriff's
Office 3319 Tamiami
Trail East Naples, FL
34112-4902
(239) 774-4434

ALLEGATION OF MEMBER MISCONDUCT

Date: _____

P.R.B. Case Number: _____

Time: _____

COMPLAINANT INFORMATION:

Name: _____ DOB: ____/____/____ SEX: ____

Home Address: _____ City: _____ State: ____ Zip: _____

Business Address: _____ City: _____ State: ____ Zip: _____

Home Phone (with area code): _____ Business Phone (with area code) _____

Email Address: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Nature of Complaint: _____

Involved Member(s): 1. _____ I.D. # _____

2. _____ I.D. # _____

3. _____ I.D. # _____

Complainant's Initials

Complete a complainant's statement summary on the next page.

Complainant's Statement:

A large, empty rectangular box with a thin black border, intended for the complainant to provide their statement.

RECEIPT OF CITIZEN'S COMPLAINT

Upon receipt of your complaint, the following will occur:

1. After a review of your complaint has been completed. You will receive a written response from the Professional Responsibility Bureau. If additional information is required an investigator may contact you and an appointment may be scheduled with you for the taking of a sworn deposition.
2. You will be notified in writing and advised of the final disposition of your complaint.

Please be advised that:

1. When an internal investigation is concluded, that investigative file becomes open for personal inspection by any person pursuant to Chapter 119 F.S. Statute, the Public Records Act.
2. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 837.06, F.S. Statute.
3. Whoever makes a false statement, which he does not believe to be true, under oath, not in an official proceeding, in regard to any material matter shall be guilty of a misdemeanor of the first degree. 837-012, F.S. Statute.
4. Whoever makes an allegation in good faith and believes their statement to be true shall not be subject to reprisal.
5. You may contact a Professional Responsibility investigator by telephoning the Professional Responsibility Bureau office at (239) 252-0920, between 8:00 a.m. and 4:00 p.m., Monday through Friday. Email: prb@colliersheriff.org

By my signature, I hereby swear or affirm that the statement made by me, which begins on page 1 and ends on page _____, is true and correct.

Signature of Complainant

STATE OF FLORIDA
COUNTY OF COLLIER

Sworn to and subscribed before me this _____ day of _____, _____.

PERSONALLY KNOWN: _____ OR: _____ PRODUCED IDENTIFICATION;
TYPE OF IDENTIFICATION PRODUCED: _____.