Edgewater Police Department
Complaint Investigation Form

Date Reported:_____Date Occurred:_____Time:_____

Location Occurred:_____Zone:_____

Employee:_____ ID#_____

Complainant

Last Name:_____First:_____MI:_____
Address:_____City:_____State:_____
Day Phone: (___)____-_____Night Phone: (___)_____-_____Zip:_____
DOB:___/___/___ Age:_____Sex:_____Race:_____

Alleged Misconduct

Statement:_____

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Caution: 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 as provided in Florida State Statute 837.06, 775.082-083-084.

Law Enforcement Officer/Notary **Signature:**
Sworn before me_____
This___Day of _____, _____

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