



Citizen Complaint Form

Name of Complainant: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Today's Date: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Employee's Name(s) and Rank (If Known): _____

Name(s)/Address/Phone Number of any known witnesses: _____

Statement of Allegation: _____

I make this affidavit voluntarily and from my own personal knowledge. I understand that a complaint made against a law enforcement officer of the St. Johns Police Department must be signed by the complainant and in writing before it may be considered by the Chief of Police. I further understand I may be criminally prosecuted in the event I knowingly make a false complaint against a law enforcement officer. I further declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion, or promise of any kind.

Signature of Complainant

Date Signed