



**CITRUS COUNTY SHERIFF'S OFFICE**

*A Nationally Accredited Law Enforcement Agency*

**SHERIFF  
JEFFREY J. DAWSY**



## CITIZEN COMMENT FORM

*The Citrus County Sheriff's Office strives to provide the best possible service to the citizens of Citrus County. Citizens are encouraged to bring forward favorable comments as well as legitimate complaints regarding the Sheriff's Office or Sheriff's Office personnel.*

*This form has been designed to document such comments and to initiate investigation of alleged misconduct. Your input, favorable or unfavorable, will enable us to better serve you. However, please know that knowingly filing a false complaint alleging misconduct may result in civil action against the complainant.*

Name of Complainant/Citizen: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Date/Time of Incident/Occurrence: \_\_\_\_\_

Location of Incident/Occurrence: \_\_\_\_\_

Name(s) of Employee(s) Involved: \_\_\_\_\_

Statement:

**If needed, continue statement on page 2...**

statement continued from page 1...

**I solemnly swear or affirm this statement to be the truth and I declare this to be a true and correct report and the information therein to be a fact.**

Citizen's Name/Signature: \_\_\_\_\_

1 DR. MARTIN LUTHER KING JR. AVE. - INVERNESS, FLORIDA 34450-4994 PHONE 352 - 726-4488

*rev 12/06*

FOR AGENCY USE ONLY

ADMINISTRATIVE CONTROL # _____	INTERNAL AFFAIRS CASE # _____	AGENCY CASE # _____
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Citizen Comment Form Received By: \_\_\_\_\_ Unit ID #: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Method Received: \_\_\_\_\_ Mail \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ In-person

Forwarded to Division Commander/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Supervisor Conducting Review: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended Action: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward to Division Commander/Director: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Agree \_\_\_\_\_ Disagree (Forward to Bureau Commander for Action, Send Copy to HR Director)

Action Taken (Describe, attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Assigned to Internal Affairs for Investigation

Detective Assigned for Investigation: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Complaint Sustained \_\_\_\_\_ Unfounded \_\_\_\_\_ Not Sustained \_\_\_\_\_ Exonerated \_\_\_\_\_ Policy Failure

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No additional action to be taken.

Human Resources Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Commander's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bureau Commander's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sheriff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward to Human Resources for Filing