



## **Citizen Complaint Form**

Complainant (your full name):

Street Address:

City/State/Zip:

Phone(s):

I would like to file a complaint against a member of the University of West Florida Police Department,  
known to me as (insert name or description of member):

The basis of my complaint is as follows:

The following are the names and addresses of all other persons known to me to have been witness to the incident:

Name:

Street Address:

City/State/Zip:

Phone(s):

Name:

Street Address:

City/State/Zip:

Phone(s):

Name:

Street Address:

City/State/Zip:

Phone(s):

I do hereby certify that the foregoing statement is true and complete to the best of my knowledge. I understand that any deliberate falsification or misrepresentation of information may subject me to possible civil and/or criminal penalties.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Sworn to and subscribed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary: \_\_\_\_\_

Please deliver or mail to:  
UWF Police Department  
11000 University Parkway, Bldg. 94  
Pensacola, FL 32514