

## MIAMI-DADE SCHOOLS POLICE DEPARTMENT CITIZEN COMPLAINT FORM

COMPLAINA	NT INFOR	MATION (PLE	ASE PRI	INT):				
Name:				<b>,</b>	Address:			
City:			State:		Phone #:			
Date of Bi	rth:		Age:		Gender:		Race:	
Business Name:					Address:		1 1010 01	
City:			State:		Phone #:			
C.i.y.					1 110110 //1			
EMPLOYEE I	NFORMAT	ION (SUBJE	CT OF C					_
Name:				Ran	ık:	Badge # (i	· · · · · · · · · · · · · · · · · · ·	
Station or	School:					Vehicle or	Tag #:	
<b>14/</b>								
Witness In	FORMATIC	ON:		1	Address:			
City:			State:		Phone #:			
City.			State.		FIIOHE #.			
Notice Cond	cerning P	erjury or Fa	lse State	ement:				
F.S.S. 837		alse repor isdemeand				authorities	, punish	able as a
Upon comp deliver it in			nit the fo	rm via e	e-mail to <u>Inte</u>	ernalAffairs@	dadescho	ools.net, or
		,	Attn: Int	ernal Af	fairs Unit	Department mi, FL 33142		
Complaint t	forms rec	eived that a	re incon	nplete o	r not signed	I will be filed	as <u>Inform</u>	ation Only.
Complainant Signature						 Date / Time		