MIAMI-DADE SCHOOLS POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION (PLEASE PRINT):

Name:				Address:			
City:		State:		Phone #:			
Date of Birth:		Age:		Gender:		Race:	
Business Name:				Address:			
City:		State:		Phone #:			

EMPLOYEE INFORMATION (SUBJECT OF COMPLAINT):

Name:		Rank:		Badge # (if known):	
Station or School:				Vehicle or Tag #:	

WITNESS INFORMATION:

Name:				Address:	
City:		State:		Phone #:	

NARRATIVE: *(Provide a statement of the facts of the complaint, including the date, time, and location of occurrence, and the name(s) of other persons or witnesses involved.*

Notice Concerning Perjury or False Statement:

F.S.S. 837.05 - False reports to law enforcement authorities, punishable as a misdemeanor of the first degree.

Upon completion, deliver in person or mail to:

Miami-Dade Schools Police Department
Attn: Internal Affairs Unit
3300 NW 27th Avenue, Miami, FL 33142

Complaint forms received that are incomplete or not signed will be filed as **Information Only.**

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Complainant Signature Date / Time