



Punta Gorda Police Department

Personnel Complaint Report

COMPLAINANT			
* Complainant Name (Last, First Middle)		D.O.B.	Sex
Home Address	City	State	Zip
Business Address	City	State	Zip
Home Phone #	Business Phone #	Other Phone #	

INCIDENT			
* Date Occurred	* Time Occurred	* Location Name	
*Location Address	*City	*State	*Zip
*Employee(s) Involved	*Alleged Misconduct		

WITNESSES			
Witness Name (Last, First Middle)		D.O.B.	Phone #
Home Address	City	State	Zip
Witness Name (Last, First Middle)		D.O.B.	Phone #
Home Address	City	State	Zip

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE ON THIS PAGE

PSIR #		*Date Received	*Time Received	
* Allegation		Manner Report Taken		
<input type="checkbox"/> Misconduct	<input type="checkbox"/> Inquiry	<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Letter
*Receiving Employee's Printed Name	*Receiving Employee's Signature		*Date	

NARRATIVE (Please write the details of your complaint here):

NOTICE: Providing false information on this form is punishable under Florida State Statute 837.02 - *Perjury in official proceedings*.

Are you willing to take a polygraph examination to confirm the allegations you have made? Yes No

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Reporting Party's Printed Name	Reporting Party's Signature	Date