Sheriff
DAVID B SHOAR

AGENCY USE ONLY
ASSIGN TO DIV: _____
AUTHORIZATION: _____
DATE : _____
IA #: _____

ST JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/209-1545 (FAX) • 904/824-8304 (Office) • WWW.SJSO.ORG

CITIZEN COMMENT FORM

Citizens are encouraged to bring forward legitimate grievances regarding misconduct by any St. Johns County Sheriff's Office employee. This comment form is to be made available to any citizen who wishes to file a complaint. The person who is making the complaint must complete the form in its entirely. Anyone who needs assistance in completing the complaint form should call (904)824-8304 and contact an Internal Affairs representative. The completed form can be submitted by mail to the St. Johns County Sheriff's Office, Internal Affairs Unit, 4015 Lewis Speedway, St. Augustine, Florida 32084 or given directly to any member of the St. Johns County Sheriff's Office.

In order to preserve the integrity of the process, all investigations of misconduct are based on sworn testimony given in writing and in tape-recorded oral interviews. In the interest of fairness, it is important that Florida Statutes 837.06 and 775.082-083-084 are understood by anyone making an official statement in connection with an official investigation. Whoever knowingly makes a false statement with the intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree. Further, if the allegation(s) against the officer are unfounded, the accused has the right to pursue civil recourse against the complainant.

NAME: _____ DATE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BUSINESS PHONE: _____ CELL: _____
EMPLOYEE(S) INVOLVED: _____
DATE OF INCIDENT: _____ TIME: _____
LOCATION: _____
REPORT NUMBER (IF APPLICABLE) _____

COMPLAINANT'S DESCRIPTION OF EVENTS. (PLEASE BE SPECIFIC, YOU MAY USE ADDITIONAL SHEETS IF NECESSARY). _____

_____ DATE: _____
COMPLAINANT'S SIGNATURE

FOR AGENCY USE ONLY

RECEIVED BY _____ ID# _____ DATE _____

FORWARD DIRECTLY TO INTERNAL AFFAIRS SUPERVISOR

COMPLAINANT'S DESCRIPTION OF EVENTS CONTINUED:

_____ DATE: _____

COMPLAINANT'S SIGNATURE

FOR AGENCY USE ONLY

RECEIVED BY _____ ID# _____ DATE_____

FORWARD DIRECTLY TO INTERNAL AFFAIRS SUPERVISOR

COMPLAINANT'S DESCRIPTION OF EVENTS CONTINUED:

_____ DATE: _____

COMPLAINANT'S SIGNATURE

FOR AGENCY USE ONLY

RECEIVED BY _____ ID# _____ DATE_____

FORWARD DIRECTLY TO INTERNAL AFFAIRS SUPERVISOR