



Gilchrist County Sheriff's Office
Sheriff Robert D. Schultz, III
9239 South US Highway 129
Trenton, FL 32693

Citizen Complaint Form

I. COMPLAINANT

FILE#: _____ IA#: _____

NAME: _____ AGE: _____ SEX: _____

HOME ADDRESS: _____ PHONE: _____

BUSINESS ADDRESS: _____ PHONE: _____

II. DEPUTY / EMPLOYEE INVOLVED IN COMPLAINT

NAME: _____ ID#: _____ RANK: _____

III. COMPLAINT

DATE AND TIME OF INCIDENT: DATE: _____ TIME: _____

LOCATION OF INCIDENT: _____

STATEMENT OF COMPLAINT: (Use additional sheet if needed)

Multiple horizontal lines for writing the statement of complaint.

IV. WITNESS (If available)

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

SUPERVISOR RECEIVING / RECORDING COMPLAINT: _____ RANK _____

HOW COMPLAINT WAS RECEIVED: IN PERSON _____ PHONE: _____ MAIL _____ OTHER: _____

THIS SECTION FOR SHERIFF'S OFFICE USE ONLY

COMPLAINANT: _____ EMPLOYEE: _____

I. REMARKS BY SUPERVISOR RECEIVING / RECORDING COMPLAINT (Injuries, demeanor, sobriety, etc.):

II. INVESTIGATOR ASSIGNED: _____ **DATE:** _____

III. INVESTIGATION COMPLETED BY: _____ **DATE:** _____

IV. CONCLUSION AND / OR ACTION BY DIVISION COMMANDER BASED ON RESULT OF INVESTIGATION:

SIGNATURE OF DIVISION COMMANDER: _____ DATE: _____

V. CHECK APPROPRIATE SPACE:

- SUSTAINED: SUPPORTED BY SUFFICIENT EVIDENCE.
- NOT SUSTAINED: INSUFFICIENT EVIDENCE TO PROVE OR DISPROVE ALLEGATION.
- EXONERATED: INCIDENT OCCURRED, BUT ACTIONS WERE LAWFUL AND PROPER.
- UNFOUNDED: NO BASIS, ACT(S) DID NOT OCCUR.

DEPUTY ACKNOWLEDGEMENT OF DISPOSITION: _____ DATE: _____

SIGNATURE OF SHERIFF OR SUPERVISOR: _____ DATE: _____

COMPLAINANT INFORMED OF DISPOSITION BY: _____ DATE: _____

