



ALTAMONTE SPRINGS POLICE DEPARTMENT

CITIZEN COMPLAINT AFFIDAVIT

225 Newburyport Avenue
Altamonte Springs, FL 32701

Today's date: _____

Case / Event # _____ Location _____

Personnel Involved _____ I.D. # _____

Personnel Involved _____ I.D. # _____

Date of Incident _____ Time of Incident _____ AM/PM

Supportive Documents Photographs / Video Audio Other Evidence

Complainant _____ Male Female Date of Birth _____

Home Address _____ City, Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail _____ Occupation _____

The information regarding race, sex and age is voluntary; disclosure is requested to assist in our analysis of complaints so that we may be assured that all complaints are handled in an appropriate fashion.

#1 Witness _____ Male Female Age _____

Home Address _____ City, Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

#2 Witness _____ Male Female Age _____

Home Address _____ City, Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

#3 Witness _____ Male Female Age _____

Home Address _____ City, Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

