

**Brooksville Police Department**  
87 Veterans Avenue Brooksville, Florida 34601  
352-754-6800 Fax: 352-754-6809

**CITIZEN COMMENT FORM**

The Brooksville Police Department strives to provide the best possible service to the citizens of the community. Citizens are encouraged to bring forward favorable comments as well as legitimate grievances regarding the Police Department or Police personnel.

This form has been designed to document such comments, and to initiate investigation of alleged misconduct. Your input, favorable or unfavorable, will enable us to better serve you. However, please know that knowingly filing a false complaint alleging misconduct may result in civil action against the complainant.

Name of complainant/citizen: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date/Time of Incident/Occurrence: \_\_\_\_\_

Location of Incident/occurrence: \_\_\_\_\_

Name(s) of Employee(s) Involved: \_\_\_\_\_

Please Note: State Statute 112.533 (4) Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation, and any witness to the investigation, is required not to discuss or disclose any information obtained pursuant to the agency's investigation, including, but not limited to, the identity of the officer under investigation, the nature of the questions asked, information revealed, or documents furnished in connection with a confidential internal investigation of an agency, before such complaint, document, action, or proceeding becomes a public record.

Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH ADDITIONAL PAGES IF NEEDED

**I solemnly swear or affirm this statement to be the truth and I declare this to be a true and correct report and the information therein to be fact.**

Citizen's Name/Signature: \_\_\_\_\_