

**PALM BEACH COUNTY
SHERIFF'S OFFICE**English ▼**Allegation of Employee Misconduct****Complainant Information**

Complainant's Name

Date of Birth



Race/Sex

▼

Home Address

E-mail Address

Home Telephone #

Cell Phone #

Complaint

Case Number (if known)

Date of Incident



Time of Incident

Complaint involves an allegation of ▼

Location of Incident

Witness Information

Witness Name

Witness Home Telephone #

Witness Cell Phone #

Witness Address

Witness Name

Witness Home Telephone #

Witness Cell Phone #

Witness Address

Employee Information

Employee Name

ID Number

Was the Employee in Uniform at the Time of The Incident ?

Was the Employee Driving a Marked or Unmarked Car?

Employee Name

ID Number

Was the Employee in Uniform at the Time of The Incident ?

Was the Employee Driving a Marked or Unmarked Car?

Employee Name

ID Number

Was the Employee in Uniform at the Time of The Incident ?

Was the Employee Driving a Marked or Unmarked Car?



Statement of Complaint



I hereby acknowledge that the information provided in this form is true and accurate to the best of my knowledge and recollection.

SUBMIT