

Sheriff Mark Hunter



COLUMBIA COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

A. REPORTING CITIZEN'S INFORMATION

Name: Address:	Date of Birth:		
City:	_		
Home Phone:		e:	
Email Address:			
B. INFORMATION ABOUT THE EMPLO (Please complete all known information)	OYEE(S) INVOLV	VED IN THE INCIDENT	
Employee Involved:			
Name:	ID #:	Vehicle #:	
Physical Description of Employee:			
Second Employee Involved: (If Applicable)			
Name:	ID #:	Vehicle #:	
Physical Description of Employee:			
Third Employee Involved: (If Applicable)			
Name:	ID #:	Vehicle #:	
Physical Description of Employee:			

C. VICTIM / W	TITNESS INFO	ORMATION			
Did you witness	this incident?	Yes	No		
If you are filing person(s):	a complaint on	behalf of someone	else, what is your re	elationship, if a	ny to the
Parent	Spouse	Relative	Guardian	Child	Friend
Other	If other please	e specify:			
-		llowing information (ss(es) to the inciden	n as you can about th	he person(s) on	whose behalf the
VICTIM / WITN	NESS NO. 1				
This person is a:	Victim	Witness			
Name:					
Address:					
City:		G		Zip Code:	
Cell Phone:			Alternate Phone:		
VICTIM / WITN	NESS NO. 2				
This person is a:	Victim	Witness			
Name:					
Address:					
City:		State:		Zip Code:	
Cell Phone:			Alternate Phone:		
VICTIM / WITN	NESS NO. 3				
This person is a: Name:		Witness			
Address:					
City:		State:		Zip Code:	
Cell Phone:			Alternate Phone:		

 Form No.:
 CCSO-106
 CFA:
 20.03

 Rev. Date:
 03/06/2023
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 D. INFORMATION ABOUT THE INCIDENT Please provide as much information as possible, using additional pages if necessary. If additional pages are necessary, please use Citizen Complaint Supplemental Form. 			
Location Incident Occurred:			
Case Number if Applicable:			

I swear or affirm this information inclu Complainant Printed Name If complainant is a JUVENILE, paren Parent / Guardian Printed Name Sworn to and subscribed before me, the	Complainant Signature nt or guardian must sign below: Parent / Guardian Signature	Date Date
Complainant Printed Name If complainant is a JUVENILE, parei	Complainant Signature nt or guardian must sign below:	Date
Complainant Printed Name	Complainant Signature	
I swear or affirm this information inclu	ided and/attached statements are true	

*** FOR OFFICIAL USE ONLY *** E. CONCLUSION			
E. CONCLUSION			
Case Number:			
Received By:	_		
Date received by Internal Affairs for processing:			
Assigned To:	Date:		
Assigned By:	_		
Summary of Findings:			
		_	
		_	
		_	
		_	
		_	

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Conclusion of Fact: Exonerated Sustained Unfounded Policy Failure	Not Sustained		
Under penalty of perjury, I, de	eclare that I have read the		
foregoing investigative report, and its contents are true and accurate to the best of my personal			
knowledge, information, and belief.			
I do hereby swear or affirm under penalty of perjury that to the best of my personal knowledge, information, and belief, I have not knowingly or willfully deprive, or allowed another to deprive, the subject of this investigation of any of the rights contained in Florida Statutes 112.532 and 112.533.			
Investigator's Signature:	Date:		
Sworn to or affirmed and subscribed before me; this, Date:			
Print Name, Rank and Title			
Signature			
Sheriff's Signature:	Date:		
Date Complainant Notified:			
Date Reviewed by Internal Affairs:	Not Applicable:		
Date Filed by Internal Affairs:			