

## ALLEGATION OF MEMBER MISCONDUCT

Date: \_\_\_\_\_

P.R.B. Case Number: \_\_\_\_\_

Time: \_\_\_\_\_

### COMPLAINANT INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### STATEMENT OF COMPLAINT:

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Involved Member(s): 1. \_\_\_\_\_ I.D. # \_\_\_\_\_

2. \_\_\_\_\_ I.D. # \_\_\_\_\_

3. \_\_\_\_\_ I.D. # \_\_\_\_\_

Statement of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If more space is required, use a statement of complaint continuation form)*

\_\_\_\_\_  
Complainant's Initials



# RECEIPT OF CITIZEN'S COMPLAINT

**Upon receipt of your complaint, the following will occur:**

1. After a review of your complaint has been completed. You will receive a written response from the Professional Responsibility Bureau. If additional information is required an investigator may contact you and an appointment may be scheduled with you for the taking of a sworn deposition.
2. You will be notified in writing and advised of the final disposition of your complaint. You may at that time, come to the Professional Responsibility Bureau to review the completed case file.

**Please be advised that:**

1. When an internal investigation is concluded, that investigative file becomes open for personal inspection by any person pursuant to Chapter 119 F.S. Statute, the Public Records Act.
2. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. 837.06, F.S. Statute.
3. Whoever makes a false statement, which he does not believe to be true, under oath, not in an official proceeding, in regard to any material matter shall be guilty of a misdemeanor of the first degree. 837-012, F.S. Statute.
4. Whoever makes an allegation in good faith and believes their statement to be true shall not be subject to reprisal.
5. You may contact a Professional Responsibility investigator by telephoning the Professional Responsibility Bureau office at (239) 252-0920, between 8:00 a.m. and 4:00 p.m., Monday through Friday. Email: [prb@colliersheriff.org](mailto:prb@colliersheriff.org)

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By my signature, I hereby swear or affirm that the statement made by me, which begins on page 1 and ends on page \_\_\_\_\_, is true and correct.

\_\_\_\_\_  
Signature of Complainant

**STATE OF FLORIDA**  
**COUNTY OF COLLIER**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

PERSONALLY KNOWN: \_\_\_\_\_ OR: \_\_\_\_\_ PRODUCED IDENTIFICATION;  
TYPE OF IDENTIFICATION PRODUCED: \_\_\_\_\_.