



Okaloosa County Department of Corrections Complaint Form

Date of Complaint _____

Name of Person Making Complaint _____

(Check One) Employee Citizen Inmate Anonymous

Cell Phone _(____) _____ Work Phone _(____) _____

Contact Email _____

Staff Member(s) Involved _____

Location of Incident _____

Date of Incident _____

Description of Incident (give as much detail as possible) _____

Witnesses

Name	
Address	
Phone Number	
Name	
Address	
Phone Number	
Name	
Address	
Phone Number	

Documents Attached to Report Yes _____ No _____ (Check one. Attach if applicable.)

Any Other Related Issues _____

NOTICE: Any false, misleading, or untrue statements, accusations or allegations, made orally or in writing, to any person(s) investigating a complaint, may be subject to civil and/or criminal liability under Florida Statute 837.06. "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 punishable as provided in S 775.082 or S. 775.083."

-----**FOR DEPARTMENT USE ONLY BELOW THIS LINE**-----

Person Accepting Complaint: _____ Date: _____
(PRINT)

Signature of Accepting Person: _____

Forwarded to: _____ Date/Time: _____

Person Accepting Complaint: _____ Date: _____
(PRINT)

Signature of Accepting Person: _____