



SEBASTIAN POLICE



Dan Acosta, Chief of Police

1201 Main Street, Sebastian, FL 32958
Phone: 772-589-5233 | Fax: 772-388-1872
E-mail: spd@cityofsebastian.org

Dear Citizen:

The Police Department has recognized the fact that its officers are responsible to the public for their conduct. At certain times, a conflict may exist between a citizen and a police officer in the performance of his/her duty.

If you believe that a police officer has acted improperly in the performance of his/her duty, you should bring it to the attention of the on duty Shift Supervisor. The Shift Supervisor will discuss the matter with you, and if the discussion reveals that a complaint is in order, he/she will assist you in the preparation of a complaint form.

Be sure to give all the information concerning the incident, including witnesses. Many details which seem small at the time may later prove to be of great value in the investigation per department procedures. After the investigation is completed, you will be notified of the results.

Please be assured that we desire to provide the best possible police service and are appreciative when given the opportunity to clarify such matters.

Sincerely,

Dan Acosta
Chief of Police

- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____
- 21) _____
- 22) _____
- 23) _____
- 24) _____
- 25) _____
- 26) _____
- 27) _____
- 28) _____
- 29) _____

Name of Person Assisting	Reason for Assisting
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Accepting Officer Signature/ID #	Date & Time of Acceptance
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I, _____, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations herein made by me, either orally or in writing, to a person(s) investigating this Complaint, may subject me to a civil and/or criminal prosecution. F.S.S. 837.06 False Official Statement)

I realize that it may become necessary, during the investigation of this Complaint, for me to meet with a member or members of the Sebastian Police Department to discuss this Complaint, either in the presence or absence of the accused Department member(s) at the discretion of the Department. I hereby accept the premise that if any action is initiated through a Court Administrative Hearing, as a result of my Complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned Court of Administrative Hearing when requested to do so.

Complainant Signature

SUBSCRIBED AND SWORN (or affirmed)

Before me this _____ day of _____, 20__

By _____, who is/are

Personally known to me or has/had produced
_____ as identification,

Notary Public, State of Florida

