



File number \_\_\_\_\_

Hover form fields for instructions.

## Coral Springs Police Department Complaint Control Form

Prior to completing the complaint form, it is required that all complainants receive and acknowledge the receipt of the [Officers' Bill of Rights](#).

I have read the Officers' Bill of Rights statutes

### Complainant Information

\_\_\_\_\_  
Name Home phone Cell phone Work phone

\_\_\_\_\_  
Home address Street City State ZIP Code

\_\_\_\_\_  
Gender Date of birth

### Incident Information

\_\_\_\_\_  
Date of incident Time of incident Incident location Case number

Person against whom you are making the complaint \_\_\_\_\_

\*If you do not know the person's name, describe him or her in the field below.

Description of incident

**Incident Information (cont'd)**

File number \_\_\_\_\_

Description of incident

The information I have provided in this form is true and correct to the best of my knowledge.

**Department Use Only**

**Complaint received**

In person     Telephone     Mail     Email

\_\_\_\_\_  
Supervisor taking complaint

\_\_\_\_\_  
Date

Copy of Law Enforcement Officer Rights furnished to complainant

\_\_\_\_\_  
Complainant signature/date