MANATEE COUNTY SHERIFF'S OFFICE
ALLEGATION OF EMPLOYEE MISCONDUCT

COMPLAINANT	NAME _____ DATE OF BIRTH _____ ADDRESS _____ HOME PHONE _____ OFFICE PHONE _____
EMPLOYEE	NAME _____ ASSIGNMENT _____ SEX _____ RACE _____ BADGE/ID/CAR NUMBER _____ OTHER DESCRIPTION _____

Details of the incident. (Use additional sheets, if necessary)

I have read and understand this complaint and find it true and correct. It is my desire that this complaint be diligently investigated. I further understand that if the investigation proves these allegations to be false, I may be liable to both civil and criminal prosecution.

_____ _____
Date Signature Of Complainant (Parent Or Guardian signature if complaint is a minor

_____ _____
Printed Name Of Receiving Employee Signature Of Receiving Employee

DISTRIBUTION

COPY TO THE AFFECTED BUREAU CHIEF
COPY TO THE COMPLAINANT
ORIGINAL TO PROFESSIONAL STANDARDS
Reset Form
COPY TO THE SHERIFF/ CHIEF DEPUTY