

### **Instructions for ECSO Statement of Complaint Form:**

- In order to process your complaint, please fill out the ECSO Statement of Complaint Form in as much detail as possible.
- If you have witnesses listed, please provide a valid telephone number for each witness and notify your witnesses that the ECSO may be contacting them regarding the complaint. This will help expedite the investigation of your complaint.
- If your complaint deals with a specific incident or arrest, please include the ECSO Offense Number (if you have it) on the line "Ref Complaint Number." If you do not have the complaint number, please provide a date and time as accurate as possible.
- In the "Description of the Incident" section, if there is not enough space for the details of your complaint, you may attach additional information to the form. Or if it is more convenient for you to type the information on a separate page, please write "See Attached" in this section and attach your typewritten page to the form. You may also attach copies of any photographs, videos, etc. when applicable.
- The complaint form can be turned in at any of the Sheriff's Office precinct offices, or the main office located at 1700 W. Leonard Street, Pensacola, Florida. The form can also be faxed (850-436-9996) or mailed to the Internal Affairs Unit.
- If you choose to submit the complaint form via fax or US Mail, the form must be notarized before it is sent in. If you turn the form in at the main office or a precinct office, one of the on-duty officers can notarize the form for you.

Escambia County Sheriff's Office  
David Morgan, Sheriff  
www.escambiaso.com



IA Pro # \_\_\_\_\_

1700 West Leonard Street  
Pensacola, Florida 32501  
850-436-9630

Escambia County Sheriff's Office  
Statement of Complaint Form  
Please Type or Print

Date and Time of Complaint: \_\_\_\_\_

Ref Complaint Number \_\_\_\_\_ Officer Taking Complaint \_\_\_\_\_

Complainant: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
*First Middle Last*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date and Time Incident Occurred: \_\_\_\_\_

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

*Employee(s) Involved*

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

*Witnesses*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Once the Escambia County Sheriff's Office has received your complaint, the information will be forwarded to the Internal Affairs Unit for review and tracking. Once reviewed, the Internal Affairs unit will then forward the complaint to the appropriate division responsible for investigating the complaint.

---

I do not wish to be personally contacted by an officer representing the Escambia County Sheriff's Office.

I do hereby affirm that the 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, orally or in writing, to any person(s) investigating this complaint, may subject me 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"

**I hereby acknowledge that I have read the preceding and understand its provision.**

Signed: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness: \_\_\_\_\_  
( Per F.S.S 117.10)

---