

**CITY OF EDGEWATER
POLICE DEPARTMENT**
police@cityofedgewater.org
104 North Riverside Drive
P.O. Box 100
Edgewater, Florida 32132

Phone: (386) 424-2400 FAX: (386) 424-2431



COMPLAINT INVESTIGATION

Date Reported _____ Date Occurred _____ Time _____
Location Occurred _____ Zone _____
Employee _____ ID# _____

Complainant

Last Name _____ First _____ MI _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Night Phone _____
DOB _____ Age _____ Sex _____ Race _____

Alleged Misconduct

Statement _____

Caution: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty, shall be guilty of a misdemeanor of the second degree as provided in Florida State Statute 837.06, 775.082-083-084

Law Enforcement Officer/Notary
Sworn before me _____
This _____ day of _____, _____

Signature: _____
