

BROWARD COUNTY SCHOOLS POLICE DEPARTMENT CITIZEN COMPLAINT/COMMENT FORM

COMPLAINANT INFORMAT	ION (PLEASE PRIN	<u></u> т):		
Name:	-	Ad	dress:	
City:	State:	Ph	one #:	
Date of Birth:	Age:	Ge	ender:	Race:
Business Name:	, ,	Ad	dress:	
City:	State:	Ph	one #:	
	(0			
EMPLOYEE INFORMATION Name:	(SUBJECT OF COM	Rank:		Badge # (if known):
Station or School:				Vehicle or Tag #:
Ctation of Concon.				3
WITNESS INFORMATION:				
Name:			lress:	
City:	State:	Pho	one #:	
	•	w enforce		authorities, punishable as
Upon completion, delive			Brow 7720 Sunri	ard County Schools Police W Oakland Park Blvd se, FL 33351 _comments@browardschools.co
Complaint/Comment for	ms received that	are incomp	olete or	not signed will be filed as Inforn
Signature				Date / Time