

## Gainesville Police Department Personnel Complaint

Incident Information	
Date of Incident: ____/____/____	Time of Incident: ____:____ AM – PM
Location of Incident:	Incident Number (If Known):

Complainant Information	
Name:	Date of Birth: ____/____/____
Address:	Telephone: (____) ____-____

Accused Employee(s)	
1.	2.

Allegations
<i>Use additional sheets if necessary.</i>

Witness Information	
Name:	Date of Birth: ____/____/____
Address:	Telephone: (____) ____-____

Complainant Signature	Supervisor Signature
Date: ____/____/____	Date: ____/____/____

***NOTICE:*** Any willful or intentional misrepresentation of fact will be treated as a “false report” and prosecuted under applicable laws. Violators will be subject to fine not to exceed \$2,000, confinement in jail for a term not to exceed 180 days, or both fine and confinement.