

## **Okaloosa County Department of Corrections**

## **Complaint Form**

Date of Complaint	
Name of Person Making Complaint	
(Check One) Employee Citizen Inmate Anonymous	
Cell Phone _()         Work Phone _()	
Contact Email	
Staff Member(s) Involved	
Location of Incident	
Date of Incident	
Description of Incident (give as much detail as possible)	

OCDOC Complaint Form # 151 07/2022

## Witnesses

Name			
Address			
Phone Number			
Name			
Address			
Phone Number			
Name			
Address			
Phone Number			
Documents Attached to Rep Any Other Related Issues			licable.)
NOTICE: Any false, misles writing, to any person(s) invunder Florida Statute 837.06 to mislead a public servant i the second degree punishab	estigating a complaint, may 5. "Whoever knowingly maken the perfor-mance of his of le as provided in S 775.082 of	oe subject to civil and/oes a false statement in wincial duty shall be guilty or S. 775.083."	or criminal liability vriting with the intent of a misdemeanor of
FOF	R DEPARTMENT USE ONLY B	ELOW THIS LINE———	
Person Accepting Complaint	:(PRINT)	Date:	
Signature of Accepting Pers			
Forwarded to:		Date/Time:	
Person Accepting Complaint	:	Date:	
Signature of Accepting Person			

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