



**ALACHUA COUNTY SHERIFF'S OFFICE**  
*Complaint Intake Form*

**COMPLAINANT'S INFORMATION**

<b>NAME</b>		<b>PHONE #</b>	
<b>ADDRESS</b>			

<b>ACSO EMPLOYEE(S) INVOLVED IN INCIDENT</b>	
<b>DATE and TIME OF INCIDENT</b>	

**COMPLAINT** – Brief description of the incident to include when and where the alleged conduct violation(s) took place.

**I swear or affirm that the information I have provided in this statement is the truth and nothing but the truth.**

<b>SIGNATURE</b>		<b>DATE</b>	
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