



**Fort Lauderdale Police Department**  
**Office of The Chief**  
 1300 W. Broward Blvd.  
 Fort Lauderdale, FL 33312  
 (954) 828-5700



**Police Employee  
 Recognition/Complaint Form**  
 Fòm Pou Pote Plent

Please provide as much information as possible about the incident(s). Use additional pages if necessary.  
 Tanpri bay plis enfòmasyon ou kapab sou aksyon ki pase a (yo). (Sèvi ak lòt fèy papye an plis, si w bezwen).

**A. REPORTING CITIZEN'S INFORMATION**  
 ENFÒMASYON SOU MOUN KI POTE PLENT LAN

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Non: \_\_\_\_\_ Dat nesans: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Adrès: \_\_\_\_\_ Vil: \_\_\_\_\_ Eta: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_  
 Kòd postal \_\_\_\_\_ Telefòn lakay: \_\_\_\_\_ Selilè: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Telefòn Biznis: \_\_\_\_\_ imèl : \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_  
 Pi bontanpouKontakte \_\_\_\_\_

**B. INFORMATION ABOUT THE EMPLOYEE(S) INVOLVED IN THE INCIDENT**  
 ENFÒMASYON SOU AJAN LAPOLIS KI FÈ AKSYON AN (YO)

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Non: \_\_\_\_\_ Nimewo badj: \_\_\_\_\_ Nimewo oto: \_\_\_\_\_

Please provide a physical description of the employee:  
 Deskripsyon fizik ajan lapolis la: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Non: \_\_\_\_\_ Nimewo badj: \_\_\_\_\_ Nimewo oto: \_\_\_\_\_

Please provide a physical description of the employee:  
 Deskripsyon fizik ajan lapolis la: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Non: \_\_\_\_\_ Nimewo badj: \_\_\_\_\_ Nimewo oto: \_\_\_\_\_

Please provide a physical description of the employee:  
 Deskripsyon fizik ajan lapolis la: \_\_\_\_\_

\_\_\_\_\_

### C. VICTIM/WITNESS INFORMATION

ENFOMASYON SOU VIKTIM / TEMWEN

Did you witness this incident?

Èske out e wè lè aksyon yo pote plent pou li a rive?

Yes

Wi

No

Non

\_\_\_\_\_

If you are filing a complaint on behalf of someone else, what is your relationship, if any to the person(s):

Si se sou non yon lòt moun ou vle pote yon plent, kisa ou ye pou moun lan (yo):

Parent

Papa oswa  
Manman \_\_\_\_\_

Spouse

Mari oswa  
Madanm \_\_\_\_\_

Relative

Fanmi

Guardian

Responsab

Child

Pitit

Friend

Zanmi

Other

Lòt  
relasyon \_\_\_\_\_

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

Bay plis enfòmasyon ou kapab sou moun ou vle pote plent sou non li a, ak sou nenpòt temwen kit e wè lè aksyon an rive::

#### **Victim/Witness #1**

Viktim/Temwen nimewo 1

Is this person a: victim

Moun sa a se yon:

viktim \_\_\_\_\_

witness

temwen \_\_\_\_\_

Name:

Non: \_\_\_\_\_

Address:

Adrès: \_\_\_\_\_

City:

Vil: \_\_\_\_\_

State:

Eta: \_\_\_\_\_

Zip Code:

Kòd postal: \_\_\_\_\_

Telephone:

Telefòn: \_\_\_\_\_

( )

#### **Victim/Witness #2**

Viktim/Temwen nimewo 2

Is this person a: victim

Moun sa a se yon:

viktim \_\_\_\_\_

witness

temwen \_\_\_\_\_

Name:

Non: \_\_\_\_\_

Address:

Adrès: \_\_\_\_\_

City:

Vil: \_\_\_\_\_

State:

Eta: \_\_\_\_\_

Zip Code:

Kòd postal: \_\_\_\_\_

Telephone:

Telefòn: \_\_\_\_\_

( )

#### **Victim/Witness #3**

Viktim/Temwen nimewo 3

Is this person a: victim

Moun sa a se yon:

viktim \_\_\_\_\_

witness

temwen \_\_\_\_\_

Name:

Non: \_\_\_\_\_

Address:

Adrès: \_\_\_\_\_

City:

Vil: \_\_\_\_\_

State:

Eta: \_\_\_\_\_

Zip Code:

Kòd postal: \_\_\_\_\_

Telephone:

Telefòn: \_\_\_\_\_

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*If you have more victims/witnesses, please use additional page(s)  
Si gen lòt viktim / temwen ankò, sèvi ak (yon) lòt fèy papyè an plis.*

**D. INFORMATION ABOUT THE INCIDENT**

ENFÔMASYON SOU AKSYON KI RIVE A

Please provide as much information as possible, using additional pages if necessary.

Bay plis enfòmasyon ou kapab, epi sèvi ak lòt fèy papyè ankò si w bezwen.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dat: \_\_\_\_\_ Lè: \_\_\_\_\_

Location: \_\_\_\_\_  
 Kote sa rive: \_\_\_\_\_

Case Number if applicable: \_\_\_\_\_  
 Nimewo dosye, si genyen: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
 Reporting Citizen's Signature  
 Siyati moun ki pote plent lan

\_\_\_\_\_  
 Date  
 Dat

**For Official Use Only**  
 Pou sevi ofisyèl selman

Case #: \_\_\_\_\_

Received by: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_