CITY OF KISSIMMEE
COMPLAINT STATEMENT

CASE # _____

NAME: _____, _____, _____
(Please Print) Last First M.I.

ADDRESS: _____

HOME PHONE: (_____) _____ **WORK** (_____) _____

NATURE OF COMPLAINT: _____

LOCATION OF COMPLAINT: _____

I WITNESSED OR HAVE KNOWLEDGE OF THE FOLLOWING EVENTS OF FACTS CONCERNING THE ABOVE REPORTED COMPLAINT.

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This statement is true to the best of my knowledge and belief.
_____ Date_____
Writer's Signature

Personally known _____ or produced Identification _____

Type of I.D. Produced _____

Sworn to and subscribed before me, a Notary Public under FL Statute 117.10.

_____ Date _____

Notary's Signature

Commission Expires _____