APOPKA POLICE DEPARTMENT
COMPLIMENT OR COMPLAINT FORM

Please fill out in full detail

Today's Date: Time: Compliment or Complaint:	***OFFICE USE ONLY*** APD Case#: Tracking #: Received By:

Incident Date:	Incident Time:	Officer's Name (if known):
Location of Incident:		

Name (Last, First, M.)				
Age:	DOB:	Race:	Sex:	
Address (Residence):			Zip:	Phone:
Address (Business):			Zip:	Phone:
D.L.#:			State:	Other I.D.:
Witness #1:			Phone:	
Witness #2:			Phone:	

I, _____do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any person whomsoever.

837.06 False official statements.--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Sworn to and Subscribed Before Me, This _____Day of _____20,_____ _____ ☐ Law Enforcement ☐ Notary Public ID Produced_____	I Swear/Affirm the Above and/or Attached Statements are Correct and True. _____ Signature