



BRAD KING, STATE ATTORNEY
Fifth Judicial Circuit of Florida
Serving Marion, Lake, Citrus, Sumter, Hernando Counties

PUBLIC INTEREST UNIT
CITIZEN COMPLAINT FORM

*** NOTICE ***

I understand that no one at the State Attorney's Office ["SAO"] can be my lawyer or otherwise represent me. I understand that no one at the SAO can give me legal advice. I understand that the SAO cannot become involved in strictly civil controversies. I am filing this complaint so that the SAO may determine if any law enforcement action is warranted.

Please Type or Print Legibly
Please Fill Out Completely and in Detail
Please Use Additional Paper as Necessary to Complete Your Answers
Please Supply Copies of all Documents Relating to Your Complaint

*** INFORMATION ABOUT YOU ***

NAME: _____ DATE: _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

WORK ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE #: (_____) _____ CELL PHONE #: (_____) _____

EMAIL ADDRESS: _____

*** INFORMATION ON PERSON/ENTITY YOU ARE COMPLAINING ABOUT ***

NAME OF PERSON: _____

TITLE/POSITION: _____

NAME OF ENTITY: _____

ADDRESS - For Person () Entity ():

(Street) (City) (State) (Zip)

***** INFORMATION ABOUT YOUR COMPLAINT *****

WHAT DOES THE COMPLAINT INVOLVE?: _____

DID YOU SIGN ANY CONTRACTS OR PAPERS? No () *Yes ()

*IF YES, then **attach** copies and answer the following:

Date Signed: _____

Where Signed: _____

DID YOU PAY ANY MONEY OR OTHER THING OF VALUE? No () *Yes ()

*IF YES, WHAT DID YOU RECEIVE FOR YOUR MONEY OR OTHER THING OF VALUE?: _____

DO YOU KNOW ANYONE ELSE WITH SAME COMPLAINT? No () *Yes ()

*IF YES, then please identify those other people:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLIC INTEREST UNIT
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CF-1 (11/15)

HAVE YOU REPORTED YOUR COMPLAINT TO ANYONE? No () *Yes ()

*IF YES, please answer the following:

Complaint reported to:

Name: _____

Position/Agency: _____

Location: _____

Date: _____

Response: _____

Complaint reported to:

Name: _____

Position/Agency: _____

Location: _____

Date: _____

Response: _____

Complaint reported to:

Name: _____

Position/Agency: _____

Location: _____

Date: _____

Response: _____

***** OATH OR AFFIRMATION *****

I SWEAR OR AFFIRM THAT I HAVE CAREFULLY READ, OR HAD READ TO ME, ALL OF THE ABOVE INCLUDING THE NOTICES CONTAINED IN THIS CITIZEN COMPLAINT FORM. I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

PRINTED NAME

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME this day personally appeared _____,
who first being duly sworn, deposes and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____

(Print, type, or stamp commissioned name of Notary Public)

Personally Known () OR Produced Identification ()

Type of Identification Produced: _____

**PLEASE RETURN THIS COMPLAINT PROMPTLY TO:
STATE ATTORNEY'S OFFICE
Public Interest Unit
110 N.W. 1st Avenue, Suite 5000
Ocala, FL 34475**