



*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  
CITIZEN COMPLAINT FORM  
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**