



# CITY OF DORAL POLICE DEPARTMENT

6100 NW 99<sup>th</sup> Avenue  
Doral, FL 33178  
PHONE: (786) 845-4616

[IA@doralpd.com](mailto:IA@doralpd.com)

## Complaint Intake Form

### Submitter Information:

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Incident Date:	Time:	Police Vehicle #:	Marked/Unmarked

Incident Location (address):	Location Name:	Case Number:

Type/Allegation:	Method Complaint Received:

Name and I.D. Number of employee(s) you are complaining about:

Description of the incident: (please give as much detail as possible and attach additional pages if necessary)

## Complaint Intake Form (continued)

Description of the incident: (continued)

Witnesses: (please include names, addresses and phone numbers)

Per F.S.S. 837.06 - 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](#).

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date and Time

For IA  
purpose only

Internal

External

Report  
Prepared By: \_\_\_\_\_

ID#

Internal  
Affairs

Div./Unit

Date/Time

Assigned To: \_\_\_\_\_

ID #

Internal  
Affairs

Div/Unit

Date/Time

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