



# HOLLY HILL POLICE DEPARTMENT

## Citizen's Commendation / Complaint Form

Information from the people we serve is very important, and aids the department in our continuing evaluation of the services we provide. Your comments, both those which may be complimentary and those which may be critical, are very useful in ensuring that we perform our mission as efficiently, effectively and professionally as possible.

To make a commendation or complaint about an officer or employee of the Holly Hill Police Department please complete this form and return it to the police headquarters, or mail it to the following address:

Office of Professional Standards  
Holly Hill Police Department  
1065 Ridgewood Ave  
Holly Hill, FL 32117

If you need assistance completing this form, have questions or need more information, please contact our Police Standards Officer at 386-248-9485.

**Please check one:**      **Commendation** \_\_\_\_\_      **Complaint** \_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee / Officer's Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Please give the details of the incident:

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The Citizen's Complaint process is designed to investigate allegations of misconduct made against members of the Holly Hill Police Department, and to make a determination of fact as to any official misconduct. Therefore, it is important that all allegations pre-sented in a complaint to the department be based on factual information. Persons mak-ing false allegations of misconduct against members of this agency are subject to crimi-nal prosecution.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification and did/did not take an oath.

Notary Signature

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Printed Name \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_