

VOLUSIA COUNTY SHERIFF'S OFFICE CITIZEN'S COMPLAINT FORM
(Instructions for completing)

Complainant:

Print first name, middle initial, last name. Enter numerical date of birth (month, day, year).
Example 03/14/75. M or F will be indicative of Male or Female sex.

Personnel Involved:

Print first name, middle initial, last name. Enter four-digit Identification Number of Department member, if known.

Witnesses:

Print first name, middle initial, last name. Print full address-enter P.O. Box for mail purposes only. Enter phone number to include area code.

Complaint:

Nature of Complaint: To be stated in Complainant's own words as to what is the complaint?

Date/Time of Incident: Enter date and time incident occurred.

Location: Print street number and street name and city in which incident occurred.

Detail by Complainant: A complete description of the incident to include all witnesses. A continuation form is available to assist the complainant or supervisor in providing complete detail of the complaint.

Note: The complainant will sign the Citizen's Complaint Form before a notary public or law enforcement officer. Minors who wish to file a complaint must be accompanied by a parent or guardian who must also sign the complaint form.

Supervisor's Signature:

The supervisor who receives the complaint will sign and date the form to include the time signed.

The original Citizen Complaint Form will be forwarded to the Internal Affairs Unit within 5 (five) days of receipt of the original complaint. The investigating supervisor will maintain and utilize a copy of said complaint while completing the investigation. This copy of the Citizen's Complaint Form along with the supervisor's investigative findings will be forwarded to the Sheriff via chain-of-command. The Sheriff will determine if the citizen's complaint has been satisfactorily addressed by the supervisor completing the Citizen's Complaint Form. The Sheriff will then determine if the complaint needs to be further investigated. If the Sheriff determines that the incident requires additional investigation, he will assign that duty to the subject employee's Division or to the Internal Affairs Section. The Sheriff will sign and date the form and may include comments. Barring extenuating circumstances, the investigation will be completed within 45 days. The complainant will be notified, in writing, of the investigative findings.

Supervisor's Comments:

The employee's immediate supervisor, or an appointed supervisor, will review the complaint. Supervisors conducting the initial complaint review will enter comments indicating the results of their inquiries. The complainant's satisfaction or dissatisfaction with the supervisor's conclusions/explanations will also be documented.

Investigations by supervisory personnel shall be forwarded in memo form to the Sheriff, via chain-of-command for review to ensure citizen complaints are resolved satisfactorily. After the Sheriff's review, the completed supervisory review containing all chain-of-command input shall be forwarded to Internal Affairs Section for record maintenance.

These reports, and all copies will be completed and submitted to the Internal Affairs Supervisor within forty-five (45) calendar days.

- End of Instruction Page -

VOLUSIA COUNTY SHERIFF'S OFFICE CITIZEN'S COMPLAINT FORM

Case # _____

COMPLAINANT:

Name: Tammy Stuck DOB 09/13/1964 Sex F
Res. Address 1279 Howland Blvd Deltona, FL 32738 Phone 386-968-2201
Bus. Address _____ Phone _____

Personnel Involved:

Name: William R Thomas I.D. No. ID 2278
Name: _____ I.D. No. _____

Witnesses:

Name: Jeffrey Stuck Address: 1279 Howland Blvd Deltona FL 32738
Phone: _____
Name: _____ Address: _____
Phone: _____

Additional witness information to be entered on Citizen's Complaint Continuation Form.

Complaint:

Nature of Complaint: Unwanted Touching
Date/Time of Incident: April 22, 2021 @ or about 6:45 pm
Location: Deltona City Hall

Detail by Complainant:

While attending a townhall meeting at Deltona City Hall when first arriving I went through the metal detector setting of the alarm. I did not have any articles with me so I went back through and set it off 2 more times. When my husband pointed out it had to be my brace that was clearly visible through my pants due to my broken leg and torn meniscus. The deputy the proceeded to come around the table and ask if he could touch it. This shocked me and made me very uncomfortable and when he did he caused me pain and did not touch the outside of my leg he, for some reason, began feeling my inner part of my leg in the area of my thigh. As a disabled female this in my opinion should not be allowed. He made me feel very uncomfortable and violated. When my husband told him to stop he just laughed which made it worse.

CAUTION: Whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree: pursuant to Florida State Statute S.S. 837.06. Further, if the person filing a complaint against a deputy knew the charges to be false at the time of filing the complaint, the accused has the right to pursue civil damages against the complainant: pursuant to Florida State Statute 112.532(3).

Sworn to and subscribed before me this 17th day of May, 2021
at 2345 Providence Blvd, Deltona, Florida.

Sa. Dls Hernandez #2519
NOTARY _____ COMPLAINANT _____

Supervisor: _____ Date/Time _____

