

Citizen Review Board

100 Grinnell Street, Key West, FL 33040

PO Box 1946, Key West, FL 33041

(305) 809-3887

[e-mail: crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)

- What you need to know before completing the attached complaint form:
- This complaint and any attachment become public record. If you have already filed a report with Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing at this time.
- Complaints should be filed as soon as possible of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

Name/Nombre

Date/Fecha

1. CRB Control #

COMPLAINT FORM
Citizen Review Board

2. Day, Date, Time
Complaint Received

PO Box 1946, Key West, FL 33041
<http://www.cityofkeywest-fl.gov>
[email: crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)
(305) 809-3887

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.
Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

A. COMPLAINANT INFORMATION
DATOS DEL DENUNCIANTE

Name: _____ Date of Birth: _____
Nombre Fecha de nacimiento

Address: _____
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: _____
Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: _____
(Dirección e-mail)

Home Phone: (____) _____ Work Phone: (____) _____ Cellular: (____) _____
Teléfono Particular Teléfono del Trabajo Celular

B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery Rudeness Deficient Service Truthfulness Driving False Arrest Excessive Force Searches Other

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia física del oficial: _____

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia física del oficial: _____

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia física del oficial: _____

D. VICTIM/WITNESS INFORMATION
DATOS DE LA VICTIMA/TESTIGO

Did you witness the incident? Yes ____ No ____
¿Fue usted testigo del incidente denunciado? Si ____ No ____

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

Parent ____ Spouse ____ Relative ____ Guardian ____ Child ____ Friend ____ Other ____
Padre/Madre ____ Conyuge ____ Familiar ____ Tutor ____ Hijo/a ____ Amigo/a ____ Otra ____

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

Suministre la mayor cantidad posible de la información que se solicita a continuación, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

Victim/Witness #1

Victima/Testigo No. 1

Is this person a: victim ____ witness ____
Esta persona es: víctima ____ testigo ____

Name: _____
Nombre _____
Address: _____ City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

Victim/Witness #2

Victima/Testigo No. 2

Is this person a : victim ____ witness ____
Esta persona es: víctima ____ testigo ____

Name: _____
Nombre _____
Address: _____ City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

Victim/Witness #3

Victima/Testigo No. 3

Is this person a : victim ____ witness ____
Esta persona es: víctima ____ testigo ____

Name: _____
Nombre _____
Address: _____ City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

**E. INFORMATION ABOUT THE INCIDENT
INFORMACION ACERCA DEL INCIDENTE**

Please provide as much information as possible, using additional pages if necessary.
 Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: _____ Time: _____ Location: _____ Case # if applicable: _____
 Fecha: _____ Hora: _____ Lugar: _____ No. de Caso, si corresponde: _____

Attach additional pages if necessary. Page number _____ of _____ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

Signature of Complainant

Date signed

Complaint Received by: _____	Complaint Reviewed by: _____	Action Taken: _____
Date complaint forwarded to Chief of Police: _____		