



SARASOTA POLICE DEPARTMENT AFFIRMATION FORM

I (Print name of complainant) _____
realize that it may become necessary during the investigation of my Inquiry/Complaint against
an employee(s) of the Sarasota Police Department to meet with an investigator(s) of the Sarasota
Police Department.

I hereby accept the premise that if any action is initiated through a Court or Administrative
Hearing as a result of my Inquiry/Complaint, my testimony before those hearings may be
required.

I swear or affirm, under penalty of perjury, that I have read this form and that the information
provided by me, reference my Inquiry/Complaint, is true and complete to the best of my
knowledge and belief. I understand that any false, misleading, or untrue statements, accusations
or allegations made by me in this Inquiry/Complaint form, or orally to any person investigating
this complaint, may subject me to criminal prosecution.

Subscribed and sworn to before me this _____ day of _____, 20_____.

By: (Signature of affiant) _____

Personally Known or,

Produced Identification Type of Identification: _____

Official Notary Signature of Law Enforcement Officer: _____

***Original of this form is to be attached to the Inquiry/Complaint form and forwarded through
the Chain of Command to the Chief of Police.***

A copy of this form may be given to complainant upon request.