

Escambia County Corrections Statement of Complaint Form

For concerns about inmates, please call 850-436-9830. Your call will be directed to the appropriate supervisor who will speak with you, assess your concerns, explain jail policies and procedures, and take appropriate action.

The Statement of Complaint form is available for the public to use to report a complaint regarding jail operations to the Internal Affairs Office of Escambia County Corrections.

Completion of this form is a sworn statement requiring notarization. You may bring this form to the Jail to be notarized or you may have it notarized elsewhere. The completed, notarized form must be submitted to 2935 North L Street, Pensacola, FL 32501, either by mail or in person.

For more information, please contact:

Sergeant Jerry Champion
OIC, Internal Affairs
Escambia County Corrections
Office: 850-436-9813

Escambia County Corrections
Selina Barnes, Commander



IA Pro # _____

2935 North L Street
Pensacola, Florida 32501
850-436-9630

Escambia County Corrections
Statement of Complaint Form
Please Type or Print

Date and Time of Complaint: _____

Ref Complaint Number _____ Officer Taking Complaint _____

Complainant: _____ DOB: _____ Sex: _____ Race: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Date and Time Incident Occurred: _____

Location of Incident: _____

Employee(s) Involved

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Witnesses

Name: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Once the Escambia County Corrections has received your complaint, the information will be forwarded to the Internal Affairs Unit for review and tracking. Once reviewed, the Internal Affairs unit will then forward the complaint to the appropriate unit responsible for investigating the complaint.

I do not wish to be personally contacted by an officer representing the Escambia County Corrections.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations, herein made by me, orally or in writing, to any person(s) investigating this complaint, may subject me to civil and or criminal liability under Florida Statute 837.06. "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable as provided in S 775.082 or S. 775.083"

I hereby acknowledge that I have read the preceding and understand its provision.

Signed: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Witness: _____
(Per F.S.S 117.10)
