



Temple Terrace Police Department Citizen Complaint Procedure

11250 N. 56th Street Temple Terrace, Florida 33617
813.506.6500 FAX 813.506.6499
www.templeterrace.com

Who may register a complaint?

A complaint may be made by any person against any member of the Department. Complaints must be made in person or through the Citizen Complaint Form. Anonymous complaints will be handled at the discretion of the Chief of Police.

A complaint may be submitted to any member of the Police Department. Every complaint, regardless of its nature, is investigated.

Complaint Procedures

After receiving a complaint it will be assigned for investigation. Whenever possible, minor breaches of rules and regulations may be investigated by the employee's immediate supervisor or assigned to the division commander of the accused employee's division. All other complaints will be forwarded to the Professional Standards Unit.

What is Professional Standards?

One of the functions of the Professional Standards Unit is to protect the integrity of the Temple Terrace Police Department and its personnel, both sworn and non-sworn.

A respectful relationship between the Police Department and the citizens it serves fostered by confidence and trust is essential to effective law enforcement. Police employees must be free to exercise their best judgment and to initiate action in a reasonable, lawful, impartial manner without fear of reprisal. At the same time they must observe the rights of all people.

This system of complaint and disciplinary procedures not only subjects the employee to corrective action when they conduct themselves improperly, but also protects them from unwarranted criticism when they discharge their duties properly.

Complaint Investigation Procedures

Complaints are thoroughly investigated. A report is prepared which includes sworn statements from the complainant, the accused, and all witnesses. All records, video, and audio are also included. The report will not reflect any personal opinion but rather present an objective picture of the circumstances as they actually occurred. The report will then be reviewed for a finding of fact. There are four listed disposition of complaint investigations:

Sustained- The investigation disclosed sufficient evidence to clearly prove the allegation made in the complaint

Not Sustained- The investigation failed to disclose sufficient evidence to clearly prove the allegation made in the complaint, or to disprove conclusively such allegation.

Unfounded- The investigation disclosed that the named employee was not involved in the alleged incident, the allegation was made in good faith, without malicious intent but the investigation disclosed that the allegation lacks a basis in fact or the allegation is false.

Exonerated- That acts that provided the basis for the complaint or allegations did occur but the investigation revealed that they were justified, lawful and proper.

Exonerated Due to Policy Failure- This is a finding that present policy, procedures, rules or regulations covering the situation are non-existent or inadequate.

If you have any questions concerning the status of your complaint or about the finding, please contact the Professional Standards Unit Monday through Friday 8:00am-4:00pm at 813.506.6500.

TEMPLE TERRACE POLICE DEPARTMENT COMPLAINT FORM

The following form must be filled in completely before any action will be taken on your complaint. All properly filed complaints will be answered only in writing. City Council meetings will not be used as a public forum for complaints against Police Officers or other employees. Please allow 30 days to receive an answer to your complaint. You must be specific as to the nature of your complaint. If you are complaining about an incident that is under investigation, is pending hearing or Trial in any court, you will receive a notice stating "Under Investigation." You may not use one form to complain about multiple incidents. You must fill out a separate form for each incident in question. Please be advised, if this complaint is used to affect the employment of an officer or employee of the city, the officer or employee must be provided a copy of this complaint and the written final outcome.

PERSON MAKING COMPLAINT

Last Name First Name M.I. Sex Race Drivers License # State of DL

Address City State Zip Area Code Telephone # Area Code Cell Phone #

Language Spoken (if not English) Email Address

INCIDENT IN QUESTION

Date of Incident Time of Incident Officer(s)/Employee(s) Involved

Person directly affected by this Incident if not complainant _____

Sex Race Date of Birth Driver's License # State of DL

How was this person affected? (Check one) **What is your standing to make this complaint?** (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Person affected |
| <input type="checkbox"/> Citation | <input type="checkbox"/> Concerned Citizen |
| <input type="checkbox"/> Jailed | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Injured | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Questioned and Released | |
| <input type="checkbox"/> Other _____ | |

What did the Officer/Employee do that prompted you to make this complaint? (Check one)

- | |
|--|
| <input type="checkbox"/> Violated a Law (Be Specific) _____ |
| <input type="checkbox"/> Made Illegal Stop |
| <input type="checkbox"/> Conducted Illegal Search |
| <input type="checkbox"/> Used Profanity |
| <input type="checkbox"/> Used Unnecessary Force |
| <input type="checkbox"/> Was Rude in dealing with the Public |
| <input type="checkbox"/> Other _____ |

WITNESSES INFORMATION **IF NONE PLEASE CHECK BOX**

Last Name First Name M.I. Sex Race Drivers License # State of DL

Address City State Zip Area Code Telephone # Area Code Cell Phone #

Last Name First Name M.I. Sex Race Drivers License # State of DL

Address City State Zip Area Code Telephone # Area Code Cell Phone #

