



Tallahassee Fire Department Citizen Complaint Form

Name: _____

Phone: _____

Full Address: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Name of Department Employee(s) Involved: _____

Description of Incident:

Witness Name: _____ Phone: _____

Witness Name: _____ Phone: _____

I declare the above information I have provided to be true and will provide additional information to the department as requested in any follow-up communication with designated department personnel regarding the incident.

Signature: _____ Date: _____

Email completed/signed form to mona.pearson@talgov.com