



Cocoa Police Department
1226 West King Street | Cocoa, FL 32922
Phone: (321) 639-7620 | Fax: (321) 637-6352



Dear Citizen,

The Cocoa Police Department has recognized the fact that its officers and employees are responsible to the public for their conduct. At certain times a conflict may exist between a citizen and a police officer and/or an employee in the performance of his/her duties.

If you believe that a police officer and/or an employee have acted improperly, you should bring this to the attention of the on-duty Shift Supervisor. The Shift Supervisor will discuss the matter with you; and if the discussion reveals that a complaint is in order, he/she will assist you in the preparation of the complaint form.

Be sure to provide all information concerning the incident, including witnesses. Many details which may seem insignificant at the time may later prove to be of great value in the investigation as related to departmental policy and procedures. After the investigation is completed, you will be notified of the results.

Please be assured that the men and women of the Cocoa Police Department are dedicated to providing the best possible police service and are appreciative when given the opportunity to clarify such matters.

Sincerely,

Michael Cantaloupe
Chief of Police

Mission Statement

“The Cocoa Police Department will respond to community needs through a combined strategy of preventative, proactive and reactive policing programs. Utilizing the concept of a total and integrated team commitment by all employees, the whole of which will be supported by a progressive, participatory management environment. Providing the highest level of police service possible, with compassion and professionalism.”





Cocoa Police Department
Citizen Complaint Form



Control # - _____

Complainant

Name: _____
Last First M.I.

Address: _____ Phone #: _____

Employment Address: _____ Phone #: _____

Witness(s)

Address: 1. _____ Phone #: _____

2. _____ Phone #: _____

Incident

Location: _____ Case #: _____

Date: _____ Time: _____ AM/PM

Officer/Employee Name(s) _____ ID# _____
_____ ID# _____

If unknown-Description _____

For Departmental Use Only
(To be completed by the receiving officer)

Receiving Officer

Name: _____

Date: _____ Time: _____ AM/PM

Receiving Officer's Observations of the Complainant:

Complainant Furnished Copy of Complaint ? Yes / No

Copy Furnished By: _____

Date: _____ Time: _____ AM/PM

Related Case # (s) - _____

Signature of Receiving Officer

Printed Name of Receiving Officer

Administrative Use Only

Reviewed By:

_____ Date: _____

Assigned To:

_____ Date: _____

CC / IA

Received By:

_____ Date: _____

Notes: