**HALLANDALE BEACH POLICE DEPARTMENT**
**400 S. Federal Hwy., Hallandale Beach, FL 33009**
**Phone: 954-457-1400 Fax: 954-457-1665**

***Dwayne S. Flournoy, Chief of Police***

# PRELIMINARY COMPLAINT FORM

**Complainant's Name:**

**Address:**

**City** **State** **Zip Code**

**Home Phone #:** **Cell Phone #:**

**Officer(s) or Employee(s) Involved:**

**Hallandale Beach Police Dept. Case Number (if applicable):**

**Please provide a brief description of your complaint:**

**This form may be printed and faxed (# above), delivered or mailed to: Hallandale Beach Police Department, Attention: Internal Affairs, 400 S. Federal Hwy., Hallandale Beach, FL 33009.**

Print Form