MIAMI-DADE
BAIL ASSOCIATION

COMPLAINT FORM

Date of Incident or Complaint: _____

This incident or complaint is regarding:

☐ Corrections Officer _____ (Name of Officer (if known))

☐ Judge/Employee _____ (Name of Judge / Employee)

☐ Pretrial Services _____ (Name of Officer (if known))

☐ Clerk of Court _____ (Name of Clerk (if known))

☐ Procedures in place at Corrections

☐ Procedures in place at Clerk of Court

☐ Other _____

Name of Bondsman: _____ ID# _____

Agency of Bondsman: _____

Phone Number of Bondsman: _____

Location of Occurrence: _____

Time of Occurrence: _____

Mark Which Shift(s): ☐ 7AM to 3PM ☐ 3PM to 11PM ☐ 11PM to 7AM

Detailed description of what happened: *(if involving an inmate provide name and jail ID number)*

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Was a ranked officer, judge or supervisor informed of the problem? ☐ Yes or ☑ No (check one)
If yes, please provide the name of the person and describe if the problem was resolved or not:

_____

_____

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Fax this completed form to: (305) 381-7097