

Citizen Review Board

100 Grinnell Street, Key West, FL 33040
PO Box 1946, Key West, FL 33041
(305) 809-3887 Fax (305) 293-9827
e-mail: crb@cityofkeywest-fl.gov

- What you need to know before completing the attached complaint form:
- This complaint and any attachment become public record. If you have already filed a report with the Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing a complaint with the CRB at this time.
- Complaints should be filed as soon as possible of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- All CRB meetings are televised and archived on the City of Key West web-site. By attending a CRB meeting you may be shown on camera.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

Don Weber
Name/Nombre

9/5/2022
Date/Fecha

1. CRB Control #

22-003

COMPLAINT FORM

Citizen Review Board

PO Box 1946, Key West, FL 33041
<http://www.cityofkeywest-fl.gov>
[email: crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)
 (305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time
 Complaint Received

3:50 pm
 9/6/2022

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.

Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

A. COMPLAINANT INFORMATION

DATOS DEL DENUNCIANTE

Name:
 Nombre

~~Denise Williams~~ Denise Williams

Date of Birth:

5/27/74

Fecha de nacimiento

Address:

(Dirección) Street

KOTS

(Ciudad) City

(Estado) State

(Código Postal) Zip

Mailing Address:

Dirección postal

PO Box or Street, City, State and Zip

E-Mail Address:

(Dirección e-mail)

Home Phone: ()

Teléfono Particular

Work Phone: ()

Teléfono del Trabajo

Cellular: (602)

Celular

563-4272

B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery

Rudeness

Deficient Service

Truthfulness

Driving

False Arrest

Excessive Force

Searches

Other

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT

DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name:

Nombre

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Name:

Nombre

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Name:

Nombre

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

D. VICTIM/WITNESS INFORMATION
DATOS DE LA VICTIMA/TESTIGO

Did you witness the incident? Yes ____ No ____
¿Fue usted testigo del incidente denunciado? Si ____ No ____

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

Parent ____ Spouse ____ Relative ____ Guardian ____ Child ____ Friend ____ Other ____
Padre/Madre ____ Conyuge ____ Familiar ____ Tutor ____ Hijo/a ____ Amigo/a ____ Otra ____

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

Suministre la mayor cantidad posible de la información que se solicita a continuación, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

Victim/Witness #1

Victima/Testigo No. 1

Is this person a: victim ____ witness ____

Esta persona es: víctima ____ testigo ____

Name: Ms. Summers POT 851-1033
Nombre _____
Address: Sherriff Domestic Violence City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

Victim/Witness #2

Victima/Testigo No. 2

Is this person a : victim ____ witness ____

Esta persona es: víctima ____ testigo ____

Name: _____
Nombre _____
Address: _____ City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

Victim/Witness #3

Victima/Testigo No. 3

Is this person a : victim ____ witness ____

Esta persona es: víctima ____ testigo ____

Name: _____
Nombre _____
Address: _____ City _____ State _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

E. INFORMATION ABOUT THE INCIDENT
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.
Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: 9/8/22 Time: _____ Location: _____ Case # if applicable: _____
Fecha: 9/8/22 Hora: _____ Lugar: _____ No. de Caso, si corresponde: _____

In summary Mrs. Williams states That she is being stalked by Michelle and Whitney (last names unknown). She also states That a police officer, Erik Roscits, harasses her at Casa Marina. They are also trying to turn her boyfriend, Delroy Chapman, against her. She claims she has reported the above to (CWP) and They have provided deficient service. She states Whitney is either an undercover police officer or an informant. She also states The stalking and harassment started when she lived in Tampa and continued when she moved to Newark.

Attach additional pages if necessary. Page number ____ of ____ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

Signature of Complainant

Date signed

Complaint Received by: _____

Complaint Reviewed by: _____

Action Taken: _____

Date complaint forwarded to Chief of Police: _____

E. INFORMATION ABOUT THE INCIDENT
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.
Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: _____ Time: _____ Location: _____ Case # if applicable: _____
Fecha: _____ Hora: _____ Lugar: _____ No. de Caso, si corresponde: _____

Michelle stalking her Whitney - (C.I. informant) A couple years.

Officer Erik Roberts - Police harassing her

Turn boyfriend on her - Delroy Champma

Casa Marina - short ballad head.

Police setting her up to go to jail.

People stalking her Michelle gives homeless people
to stalk her

~~Det. from Ta~~ Charles Manson harasser her.

Started in Tampa then New York

Whitney Pagan - Tampa

In summary Ms. Williams feels K.W.P.D. is providing deficient service.
she reports that she has complained to K.W.P.D. that Michelle and Whitney.
she says she hangs out at Casa Marina IP

Attach additional pages if necessary. Page number ____ of ____ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

Ron Miller
Signature of Complainant

9/5/2022
Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: _____