

19-004 (3)

## 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](mailto: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.

STEVE LEGNAIOLI  
Name/Nombre

12 18 19  
Date/Fecha

1. CRB Control #

19-004(6)

# 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

12/18/19 10:00 am

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: STEVE LEGNAIOLO Date of Birth: 12 14 69  
Nombre Fecha de nacimiento  
Address: 2429 Fogarty KW FL 33040  
(Dirección) Street (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) 305 407-0668  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_  
Teléfono Particular Teléfono del Trabajo Celular

## 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: Smith Badge #: Captain Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: Brandenburg Badge #: chief Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: Castello Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: short + FAT

**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 relacion, 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 informacion que se solicita a continuacion, 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: victima  testigo

Name: \_\_\_\_\_

Nombre

Address: \_\_\_\_\_ 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: victima  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: victima  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: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Case # if applicable: \_\_\_\_\_  
Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ Lugar: \_\_\_\_\_ No. de Caso, si corresponde: \_\_\_\_\_

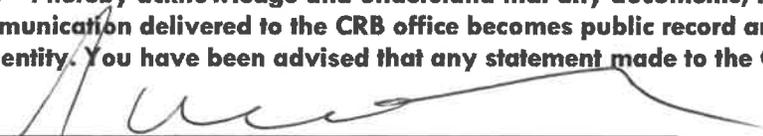
SEE ATTACHED 4 pages

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

12 18 19  
Date signed

Complaint Received by: _____	Complaint Reviewed by: _____	Action Taken: _____
Date complaint forwarded to Chief of Police: _____		

# The 2019 Florida Statutes

Title X  
PUBLIC OFFICERS, EMPLOYEES,  
AND RECORDS

Chapter 112  
PUBLIC OFFICERS AND EMPLOYEES:  
GENERAL PROVISIONS

View Entire Chapter

## 112.533 Receipt and processing of complaints.—

(1)(a) Every law enforcement agency and correctional agency shall establish and put into operation a system for the receipt, investigation, and determination of complaints received by such agency from any person, which shall be the procedure for investigating a complaint against a law enforcement and correctional officer and for determining whether to proceed with disciplinary action or to file disciplinary charges, notwithstanding any other law or ordinance to the contrary. When law enforcement or correctional agency personnel assigned the responsibility of investigating the complaint prepare an investigative report or summary, regardless of form, the person preparing the report shall, at the time the report is completed:

1. Verify pursuant to s. 92.525 that the contents of the report are true and accurate based upon the person's personal knowledge, information, and belief.

2. Include the following statement, sworn and subscribed to pursuant to s. 92.525:

"I, the undersigned, do hereby swear, under penalty of perjury, that, to the best of my personal knowledge, information, and belief, I have not knowingly or willfully deprived, or allowed another to deprive, the subject of the investigation of any of the rights contained in ss. 112.532 and 112.533, Florida Statutes."

The requirements of subparagraphs 1. and 2. shall be completed prior to the determination as to whether to proceed with disciplinary action or to file disciplinary charges. This subsection does not preclude the Criminal Justice Standards and Training Commission from exercising its authority under chapter 943.

(b)1. Any political subdivision that initiates or receives a complaint against a law enforcement officer or correctional officer must within 5 business days forward the complaint to the employing agency of the officer who is the subject of the complaint for review or investigation.

2. For purposes of this paragraph, the term "political subdivision" means a separate agency or unit of local government created or established by law or ordinance and the officers thereof and includes, but is not limited to, an authority, board, branch, bureau, city, commission, consolidated government, county, department, district, institution, metropolitan government, municipality, office, officer, public corporation, town, or village.

(2)(a) A complaint filed against a law enforcement officer or correctional officer with a law enforcement agency or correctional agency and all information obtained pursuant to the investigation by the agency of the complaint is confidential and exempt from the provisions of s. 119.07(1) until the investigation ceases to be active, or until the agency head or the agency head's designee provides written notice to the officer who is the subject of the complaint, either personally or by mail, that the agency has either:



< Inbox (99+) ^ v

Sean Brandenburg <sbrandenburg@cit

Tue 12/17/2019 2:22 PM

Inbox

To: steve (mysupercrash@hotmail....

You replied on 12/17/2019 2:38 PM.

Mr. Legnaioli,

I have received and reviewed your complaint against Capt. Smith and Sgt. Castillo. Neither Capt. Smith or Sgt. Castillo have violated State Statute or KWPDP policy in his handling of your complaints. This complaint is now closed.

Sincerely,

Chief Sean T. Brandenburg

Key West Police Department  
305-809-1040

RS



3 of 4

Randall Smith <rsmith@cityofkeywest-fl

Tue 12/17/2019 10:02 AM

Inbox

To: steve (mysupercrash@hotmail....

You replied on 12/17/2019 10:33 AM.

Mr. Legnaioli,

I have received and reviewed your complaint against Sgt. Castillo. Sgt. Castillo has not violated State Statute or KWPD policy in his handling of your complaints. This complaint is now closed.

Sincerely,

**Capt. Randy Smith**  
Key West Police Department  
Administrative Bureau

Mon 12/16/2019 1:24 PM

Inbox

4 of 4

To: steve (mysupercrash@hotmail....

You replied on 12/16/2019 2:46 PM.

Mr. Legnaioli,

I am not required to conduct an internal affairs investigation into every complaint received by the Key West Police Department. Regarding your July 2019 complaint, I conducted an inquiry into your complaint and found no wrong doing on behalf of the officers involved, therefore, the response I have provided you is my full report.

Respectfully,

***Sergeant Jason Castillo***

*Key West Police Department*

*Professional Standards Division Commander*

*1604 N. Roosevelt Blvd.*

*(305) 809-1035*

*jcastillo@cityofkeywest-fl.gov*