



Please type or print in black or blue and use capital and small letters for names, titles, and address

**OFFICER**

1. Last Four Digits of Officer's Social Security Number: [REDACTED]
2. Officer's Name: Campbell Robert M  
Last First MI
3. Officer's Last Known Address: [REDACTED] New Smyrna Beach FL 32168  
Street City State Zip Code
4. Officer's Telephone Number: [REDACTED]

**AGENCY**

5. Agency ORI: FL 640000 6. Agency Name: Volusia County Sheriff's Office
7. Agency Contact Person: Sergeant Ryan Mills 8. Agency Contact Person's Telephone Number: 386-736-5961
9. Agency Fax Number: 386-740-5190

**VIOLATION - ALLEGATION**

10. Nature of Allegation(s): Volusia County Sheriff's Office Policy Code of Ethics for Public Officers and Employees, Job Knowledge and Performance, Inattention to Duties, Loafing, Sleeping, Failure to Follow Directive or Order, Neglect of Duty

11. Agency Disposition: Sustained – (Violation of Section 943.13(4) or (7) or Rule 11B-27.0011, F.A.C.   
Sustained – (Violation of Agency Policy):  Not Sustained:  Unfounded:  Exonerated:

12. Limitation Period for Disciplinary Action: Date Internal Investigation Initiated: 03/08/2019 Date Internal Investigation Completed: 06/13/2019

Exception to limitation period for disciplinary action: Place a check mark by the exceptions to limitations that apply	Days Told
<input type="checkbox"/> Written waiver of limitation by officer	_____
<input type="checkbox"/> Ongoing criminal investigation or criminal prosecution	_____
<input type="checkbox"/> Officer incapacitated or unavailable	_____
<input type="checkbox"/> Multi-jurisdictional investigation	_____
<input type="checkbox"/> Emergency or natural disaster as declared by the Governor	_____

13. Criminal Charges Filed: No
14. Agency Disciplinary Action: Suspension without Pay 240 hours
15. If the allegation has been sustained and determined to be a violation of Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C., attach and forward the following documentation to the Florida Department of Law Enforcement.
- Summary of the Facts  Internal Investigation Report  Name and Address of Witness   
Witness Statement/Disposition  Certified Court Documents  Other Supportive Information

**NOTICE:** Pursuant to Section 943.1395(5), F.S., an employing agency must conduct an internal investigation when having cause to suspect that an officer it employs or employed at the time of the alleged violation, or employed on a Temporary Employment Authorization is not in compliance with Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C. If the investigation is sustained, the employing agency must forward a report to the Commission as specified by Rule 11B-27.003.

16. Agency administrator's signature *[Signature]*  
Chief Deputy

06/20/2019

17. Date signed