ORANGE DEPARTMENT OF POLICE SERVICE

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Office of the Chief of Police, Orange Police Department, 314 Lambert Road, P.O. Box 617, Orange, CT 06477. Email: mmartins@orange-ct.gov

Date of Incident	Time of Incident	Date Reported	Time Reported

Location of Incident

Complainant's Name	Complainant's Address (Street, City, State, ZIP)

Complainant's DOB	Complainant's Home Phone#	Complainant's Cell Phone#

Complainant's E-mail

Name of Person Assisting Complainant	Address	Telephone

Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)

Witness Information (Name, D.O.B., Address, Telephone #, etc.)

Please provide answers to the following questions:	YES	NO	UNSURE
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?	☐	☐	☐
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?	☐	☐	☐
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	☐	☐	☐
4. Are you able to read, write and speak the English Language?	☐	☐	☐
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?	☐	☐	☐

(If you answered "Yes" to any of the above questions, please provide details below.)

Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate, including letters, e-mails, photographs, video or audio tapes, etc.

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(Attach additional pages, if necessary)

I have read, or had read to me, the above and attached complaint and statement consisting of ____ pages. All of the answers are true and accurate to the best of my knowledge, information, and belief.

Complainant's Signature	**Date and Time Signed**

Person Receiving the Complaint

Rank/Name/ ID Number	**Date Received**	**Time Received**

Method of Contact (Check): ☐ **Telephone** ☐ **In-Person** ☐ **Mail** ☐ **E-Mail** ☐ **Other**

Signature of person receiving complaint	**Complaint Control Number**