

ORANGE DEPARTMENT OF POLICE SERVICE

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Office of the Chief of Police 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 or Email: mmartins@orange-ct.gov.

Date of Incident	Time of Incid	dent	Date Reported		Time Reported					
Location of Incident					<u> </u>					
Complainant's Name Complain			ainant's Address (Street, City, State, ZIP)							
Complainant's DOB Complainant's Home Phone#		me Phone#	Complainant's Work Phone#							
Complainant's Cell Phone# Comp		Complainant's	nt's E-mail							
Employer			Occupation							
Employer's Address				Employer's Telephone						
Name of Person Assisting Complainant Address				Telephone						
Employee Complained ab	out (if known):	(Name or phy	sical description, Ba	ndge #, Car #,	etc.)					
Witness Information (Nan	ne, D.O.B., Addr	ress, Telephor	ne #, 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?										
 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 intir	nidate you in an e		YES	NO	UNSURE		
prevent you from making this complaint?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
 Are you able to read, write and speak the English Lang If your answer to Question #4 is "No" or "Unsure", ha 		ded	_				
with adequate language assistance to help you under	•						
(If you answered "Yes" to any of the above questions, please provide a full description of supporting documentation, as appropriate; including letters.	f the circumstance	es that promp	•	•			
I have read, or had read to me, the above and attached cor answers are true and accurate to my knowledge. I underst law enforcement officer in his official function is a violation in my arrest and being fined and/or imprisoned.	and that making an of Connecticut G	false stateme eneral Statute	ent inte	ended to	mislead a		
Complainant's Signature	Date and Time Signed						
On this the day of,, before me the undersigned officer, personally appeared	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)						
the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	Print Rank/Name/ID Number:						
Person Receivii	ng the Complaint	:					
Rank/Name/ ID Number	Date Recei	Date Received Time Received					
Method of Contact (Check): Telephone In-P	Person Mai	I E-M	ail [Othe	er		
Signature of person receiving complaint							