ORLANDO POLICE DEPARTMENT

CITIZEN’S COMPLAINT FORM

Complainant:____________________________________________________________

Address: _______________________________________________________________

Telephone #: Home:________________Other:_____________E-mail:______________

Complaint Against: _______________________________________________________

(Name of Employee)

Employee #: _______________________ Vehicle # ____________________________

Complaint Information:

Date of Incident: _______________________

Time of Incident: _______________________

Location of Incident: _____________________________________________________

Nature of Complaint:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

I, ______________________, do hereby swear (or affirm) that the facts stated above
in this Citizen’s Complaint are, to the best of my knowledge, true and based on fact.

__________________________________________ (Complainant’s Signature)

Subscriber and sworn before me
this ____ day of __________ 20___

______________________________

Notary Public, State of Florida
at Large. My commission expires: (Notarial Seal)