



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: acuozzo@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 Work Phone#			
Complainant's Cell Phone#		Complainant's E-mail			
Employer		Occupation			
Employer's Address			Employer's Telephone		
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?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO | UNSURE |
|---|--------------------------|--------------------------|--------------------------|
| 3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you able to read, write and speak the English Language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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.

(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 my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
On this the ____ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number:

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
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