



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)

Subscribed and sworn before me
this ____ day of _____ 20__

Notary Public, State of Florida
at Large. My commission expires:

(Notarial Seal)

