



ORLANDO POLICE DEPARTMENT
INTERNAL AFFAIRS SECTION

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)

