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**ORANGE DEPARTMENT OF POLICE SERVICE**

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**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](mailto:mmartins@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"/>

