

## DEPARTMENTAL COMPLAINT REPORT

Attached you will find the Orange Park Police Departmental Complaint Report. This report is utilized as a tool for citizens to log a complaint against an officer or officers to be reviewed through the officer's chain of command. This review will determine if the complaint is substantiated and provide an avenue to rectify any problems that may exist.

Please complete the highlighted areas and return the form to a department supervisor as soon as possible.

You will be contacted as soon as practical with the results of the complaint findings and a final disposition.

Thank you,

Gary A. Goble  
Chief of Police



# Orange Park Police Department

Administrative Inquiry: \_\_\_\_\_  
CCR# \_\_\_\_\_

Departmental Incident Review  
 Departmental Complaint Report:  External  Internal

## Type of Departmental Incident Review

Use of Force  Vehicle Pursuit  Employee Vehicle Crash  Property Damage  
 Visible Injury to Prisoner  Claimed Injury to Prisoner  Other

## Type of Complaint

Attitude  Misconduct  Failed to Take Action  Rude Conduct  Harassment  Unlawful Arrest  
 Excessive Force  Policies/Procedures (Be Specific)

Will complainant give a sworn statement?  Yes  No  N/A

Complaint Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Referred To: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Employee Information

Name: \_\_\_\_\_ Rank/Assignment: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Assignment: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Assignment: \_\_\_\_\_

DIR # \_\_\_\_\_ Informal Complaint # \_\_\_\_\_ Formal Complaint # \_\_\_\_\_

Involved Person  Complaint Information

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Resident Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Arrested:  Yes  No Charges: \_\_\_\_\_

## Witness Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



Supervisor's Findings CCR#

Review Indicates Action of \_\_\_\_\_

Members Name(s)

- Followed Department Policies
- Did not follow Department Policies
- Unable to verify

Note: When multiple employees are involved, and the findings and/or recommendations differ, include additional SUPERVISOR'S FINDINGS and SUPERVISOR'S RECOMMENDATIONS page as needed.

Recommendations

Supervisor's Recommendation:

- No Further Action Necessary
- Verbal Counseling
- Written Counseling
- Refer for Internal Investigation
- Other (Explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Lieutenant's Review/Recommendation:

- Concur with Supervisors Recommendation
- Do not concur – Alternate Recommendation as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Review and Report Completed by:

Supervisor/PIC: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief Review:

- Concur with the Lieutenant
- Refer to Internal Investigation
- Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_