

Ocala Police Department

Complaint Reception Record

Please complete this form and return it to the Ocala Police Department. You may be contacted at a later date for additional information. You will be notified to verify receipt of your complaint. If you do not know how to fill-in or understand a blank, please leave it empty.

Complainant Information					
Last Name:	First Name:	M.I.:	DOB:	Race:	Sex:
Address:			Home Telephone No.:		
City:	State:	Zip:	Work Telephone No.:		
Employee Information					
Last Name:	First Name:	M.I.:	Title/Rank:	Race:	Sex:
Supervisor (Name)	Rank:	ID No.	Supervisor on Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Officers Involved:		Rank:	ID No.:		
Additional Officers Involved:		Rank:	ID No.:		
Additional Officers Involved:		Rank:	ID No.:		
Complaint Information					
Location of Incident:	Day of Incident:	Date of Incident:	Time of Incident:		
Reason for Contact:					
Remedy Sought:					
Statement of Complaint. (Use additional sheets if necessary):					
NOTE: By signing this document you are swearing and attesting that, under penalty of law, the information contained herein is true and accurate		Complainant Signature:		Date:	
FOR POLICE DEPARTMENT USE ONLY					
Person Receiving Complaint:		Related Case Number(s):		Complaint No.:	
Attachments: (list):					
Supervisor Remarks:					
Supervisor (Signature/ID No.):		Date:	Employee (Signature/ID No.):		Date:
Action Ordered: <input type="checkbox"/> Resolved by Supervisor (Explanation Attached) <input type="checkbox"/> Forward for I/A Investigation					
<input type="checkbox"/> Conduct Supervisory Inquiry (Assigned to _____) <input type="checkbox"/> Conduct Supervisory Inquiry (Assigned to IA)					
Deputy Chief (Signature):			Date:		
Professional Standards (Signature):			Date Filed:	I/A Number:	