

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:		Date Received	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:	



OCALA POLICE DEPARTMENT AFFIRMATION FORM

I (Print name of complainant) _____
realize that it may become necessary, during the investigation of my Inquiry/Complaint against
an employee(s) of the Ocala Police Department, to meet with an investigator(s) of the Ocala
Police Department.

I hereby accept the premise that if any action is initiated through a Court or Administrative
Hearing, as a result of my Inquiry/Complaint, my testimony before those hearings may be
required.

I acknowledge that pursuant to Florida State Statute 112.532(3), "Civil Suits Brought By Law
Enforcement or Correctional Officers" that, "Every law enforcement officer or correctional
officer shall have the right to bring civil suit against any person, group of persons, or
organization or corporation, or the head of such organization or corporation, for damages, either
pecuniary or otherwise, suffered during the performance of the officer's official duties or for
abridgment of the officer's civil rights arising out of the officer's performance of official duties".

I acknowledge that pursuant to Florida State Statute, 837.012, that, "Perjury when not in an
official proceeding: (1) Whoever makes a false statement, which he does not believe to be true,
under oath, not in an official proceeding, in regard to any material matter, shall be guilty of a
misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

I so hereby affirm that I have read this form and that the information provided by me reference
my Inquiry/Complaint is true and complete to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 ____.

By (Signature of Affiant) _____

Personally Known _____, or Produced Identification _____, Type of Identification _____

Official Notary Signature of Law Enforcement Officer: _____
Original of this form is to be attached to Inquiry/Complaint Form.