



ORANGE CITY POLICE DEPARTMENT

Citizen Complaint Form

The Orange City Police Department takes all citizen complaints against our employees very seriously. It is the policy of this Department to investigate allegations and complaints of misconduct against any member of the Police Department. Citizens are encouraged to bring forward legitimate grievances regarding misconduct by any Orange City Police Department employee. Proper adherence to the provisions of this policy will resolve disputes and facilitate prompt and equitable corrective actions (*where applicable*). If you have a complaint, situation or matter concerning misconduct, please document your complaint using the attached Citizen Complaint Form. The form is also available in the Orange City Police Department lobby.

This complaint form is available to any citizen who wishes to file a complaint. The person who is making the complaint is recommended to complete the citizens complaint form in its entirety. The complainant has the responsibility to ensure that their complaint is based on fact and that all of the facts are provided to the best of their ability. While we prefer complaints be signed and notarized, we will accept your complaint without a signature, however we suggest that you meet with a supervisor to thoroughly discuss your complaint as many times a complaint may be resolved to your satisfaction at the supervisor level. If you elect to sign the complaint form, your signature must be notarized. Anyone who needs assistance in completing the complaint form should call 386-775-5474 and ask for an Orange City Police Department Supervisor. The completed and notarized form shall be submitted at the front desk of the Orange City Police Department or mailed to the Orange City Police Department to: 207 N. Holly Avenue Orange City, FL 32763 or given directly to any supervisor of the Orange City Police Department. There is the option of filing an anonymous complaint, however where there are limited investigative leads surrounding an alleged incident (*i.e., witnesses, names, contact information, dates or times*) it is often difficult for us to conduct a thorough investigation into the allegations.

A supervisor or internal affairs investigator will contact the complainant as soon as practical after receiving the complaint. Investigations should be completed within 60 days of receiving the complaint. In order to preserve the integrity of the process, all investigations of misconduct are based on sworn testimony given in writing and in recorded sworn oral interviews. It is important that Florida Statutes 837.06 is understood by anyone making an official statement in connection with an official investigation. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty, shall be guilty of a misdemeanor of the second degree. Further, if the allegations against the officer are not sustained, the accused has the right to pursue civil recourse against the complainant.

In the interest of maintaining the integrity of this investigation, cooperation is requested by not discussing the specifics of this case with anyone other than the supervisor/investigator assigned until the investigation has been concluded. Although there is no legal prohibition against this, such discussions could adversely affect the accuracy of the findings.

Valid concerns and criticisms help us protect the community from possible misconduct by employees. At the same time, a thorough and impartial investigation procedure helps protect employees from unwarranted charges when they perform their duties properly. Please be assured that our investigation will be thorough and completed in a reasonable time. Thank you.

Wayne M. Miller
Chief of Police

File # _____

Rev. 01/24

Orange City Police Department

Citizen Complaint Form

CASE # (if known): _____

Incident Date: _____ Time of Incident: _____ Date of this Complaint: _____

Location of Incident: _____

Officer Involved: _____ ID Number _____ Vehicle Number: _____

Complainant Information

Involvement: Check the box that best describes your involvement in this complaint.

Defendant Victim Witness Other _____

Your Last Name: _____ First: _____

Middle: _____ Your Birth Date: _____

Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

(Complete statement on the next page, use additional pages as necessary)

File # _____

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COMPLAINT FORM STATEMENT

Before me, the undersigned authority, personally appeared:

“837.06 False official statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty, shall be guilty of a misdemeanor of the second degree as provided in Florida State Statutes 837.06, punishable as provided in s. 775.082 or s. 775.083”. Further, if the charge(s) are found to be not sustained, the accused has the right to pursue civil recourse against the complainant.

I, _____, do hereby or affirm, under penalty of perjury, that the allegations made by me in this Complaint Form are, to the best of my knowledge and belief, true and correct.

Signature of Person Completing Statement (Parent or Guardian if Minor)

State of Florida, Volusia County

Sworn to and subscribed before me this _____ day of _____ 20____, by: _____
(complainant’s name)

_____personally known _____produced identification

Officer/ Notary Signature

Signature of person forwarding to Chief of Police/Date

File # _____