

REPORT OF COMPLAINT AGAINST LAW ENFORCEMENT PERSONNEL

CONFIDENTIAL

Name of Complainant: _____

At What Address and Telephone Number Can You Be Contacted:

Home: _____

Business: _____

Date and Time of Incident: _____

Location of Incident: _____

Name(s) of Employees Against Whom Complaint is Being Filed or
Other Identifying Marks (Car Number, Badge Number, Etc.)

Name: _____ Rank: _____ Vehicle: _____

Name: _____ Rank: _____ Vehicle: _____

Name(s), Address(s), Telephone Number(s) or Other Identifying

Information Concerning

Witness(s): _____

Statement of Allegation: _____

What do you think is an appropriate

resolution?: _____

If Further Space Is Needed, Use The Reverse Side Of This Sheet

Important: This complaint will not be processed unless this form is notarized by a notary public.

I understand that this statement of complaint will be submitted to the Orono Police Department and may be the basis for an investigation. Further, I sincerely and truly, declare and affirm, that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that under the Rules and Regulations of the Orono Police Department, the employee(s) against whom this complaint is filed may be entitled to request a hearing. By filing and signing this complaint, I hereby agree to appear before any hearing, if requested by the employee and to testify under oath concerning all matters relevant to this complaint. I further understand that if this alleged complaint which is made to a Law Enforcement Officer is false, then I may be charged with the crime of "*Unsworn Falsification*" pursuant to M.R.S.A. Title 17-A, section 453, which is a Class D Crime.

Signature of Complainant

Date

Signature of Person Receiving Complaint Date & Time Received