

Telephone
(530) 865-1616
Fax: (530) 865-1626



ORLAND POLICE DEPARTMENT



Robert Pasero
Chief of Police

ORLAND POLICE DEPARTMENT CITIZEN COMPLAINT FORM

My name is Mr./Mrs./Ms _____
(First) (Middle) (Last)

I live at _____

My home phone number is (_____) _____ - _____ I can be reach at, or between
_____ AM/PM and _____ AM/PM.

I can be reached at work at (_____) _____ - _____ Ext: _____. My Age is _____
years.

I want to complain about Officer (s) _____

Badge Number _____ Vehicle Unit Number _____ at (location) _____

At about _____ AM/PM they/he/she _____

(Attach as many additional sheets as necessary)

I declare under penalty of perjury the foregoing is true and correct, executed this _____
day of _____ 2008 at _____, California
City/County where signed

Date: _____

Signature

Signature of parent/guardian (if under the age of 18)