

ORANGE COUNTY GOVERNMENT OFFICE OF FIRE RESCUE PROFESSIONAL STANDARDS **SWORN COMPLAINT AFFIDAVIT**

First Name:	Last Name:		
Address:			
	State:		
Telephone #: Work:	Home:	Cell:	
E-mail Address:			
Orange Co	ounty employee:Yes	No	
If Yes, please provide Departmen	nt:D	ivision:	
II. COMPLAINT FILED AGAINST:	<u>:</u>		
First Name:	Last Name:		
Donartment:	Division		
Department	Division:		
Use additional sheet of paper if			
	more than one person)		
(Use additional sheet of paper if	more than one person)		
(Use additional sheet of paper if	more than one person)		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint:	more than one person)		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/	more than one person)		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/ Location of Incident/Occurrence:	more than one person) Occurrence:		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/ Location of Incident/Occurrence:	more than one person) /Occurrence:		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/ Location of Incident/Occurrence:	more than one person) /Occurrence:		
(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/ Location of Incident/Occurrence:	more than one person) /Occurrence:		
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(Use additional sheet of paper if III. ALLEGATIONS: Nature of Complaint: Date and Time of Alleged Incident/ Location of Incident/Occurrence:	more than one person) /Occurrence:		

ORANGE

ORANGE COUNTY FIRE RESCUE DEPARTMENT

OFFICE OF PROFESSIONAL STANDARDS COMPLAINT FORM



Case Number:	
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IV. : <u>WITNESSES</u>		
1) First Name:	Last N	Name:
Address:		
		Zip:
Telephone #: Work:	Home:	Cell:
Orange County employee:	YesNo	
2) First Name:	Last N	lame:
Address:		
City:	State:	Zip:
Telephone #: Work:	Home:	Cell:
Orange County employee:	YesNo	
3) First Name:	Last N	Name:
Address:		
		Zip:
		Cell:
Orange County employee: V. <u>AFFIRMATION AND SIGN</u> I,	YesNo ATURE:, do :	Cell: swear or affirm that to the best of my knowledge are true and based on substantiated fact.
Orange County employee: V. <u>AFFIRMATION AND SIGN</u> I,	YesNo ATURE:, do :	swear or affirm that to the best of my knowledge
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the Affiant TATE OF FLORIDA	YesNo ATURE:, do :	swear or affirm that to the best of my knowledge are true and based on substantiated fact.
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the Affiant TATE OF FLORIDA OUNTY OF	ATURE:, do solve the complaint form a	swear or affirm that to the best of my knowledge are true and based on substantiated fact. Date
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the Affiant TATE OF FLORIDA OUNTY OF worn to (or affirmed) and subs	ATURE:, do solve the complaint form a cribed before me by means of	swear or affirm that to the best of my knowledge are true and based on substantiated fact. Date
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the allegation Signature of Affiant TATE OF FLORIDA OUNTY OF worn to (or affirmed) and subs	ATURE:, do solve the complaint form a cribed before me by means of	swear or affirm that to the best of my knowledge are true and based on substantiated fact. Date f physical presence,
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the Affiant TATE OF FLORIDA OUNTY OF worn to (or affirmed) and subs	ATURE:, do so this complaint form a cribed before me by means of, 20	swear or affirm that to the best of my knowledge are true and based on substantiated fact. Date f physical presence,, by
V. AFFIRMATION AND SIGN I, belief the allegation(s) made belief the allegation Signature of Affiant TATE OF FLORIDA OUNTY OF worn to (or affirmed) and subsis day of	ATURE:, do so this complaint form a cribed before me by means of, 20	swear or affirm that to the best of my knowledge are true and based on substantiated fact. Date f physical presence,, by Who is: