ORANGE POLICE DEPARTMENT
Policy & Procedures
ACCUMULATED COMPLAINT REVIEW
Early Warning System

Chapter 3:27
Volume Three
The Personnel Structure

Applicability: All Employees
Distribution: Official Department
Manuals
Number of Pages: Four (4)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Authority</th>
<th>General Order #</th>
<th>File #</th>
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<tr>
<td>Effective: 08-27-01</td>
<td>Acting Director Edward Lucas</td>
<td>GO-07-01</td>
<td>3:27-011</td>
</tr>
<tr>
<td>Revised: 05-20-2018</td>
<td>Director Todd R. Warren</td>
<td>GO-02-18</td>
<td>3:27-011</td>
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I. PURPOSE

The purpose of this policy is to provide the Orange Police Department the means to prevent and/or break identified patterns of received complaints. To this end, the department will conduct a complaint file review with those employees who receive a specified number of complaints within a given period. The Early Warning System (EWS) process will not be disciplinary in nature.

II. POLICY

It is the policy of the Orange Police Department to establish a complaint review procedure. The complaint review procedure shall be used to provide guidelines for identifying those employees who have accumulated complaints, talking with the employee in an environment that is not disciplinary in nature to discuss the complaints, and develop an action plan if needed that would benefit the employee.

III. PROCEDURES

A. General Requirements

Employees who meet the threshold criteria listed below for complaints received by Internal Affairs will be summoned to their commander's office for a complaint file review session within 45 days of the final disposition of the triggering complaint. Three complaints received within a 12-month period of any of the following categories:

1. Any Internal Affairs Complaint against an officer, whether initiated by another officer or by a member of the public;
2. Any Civil Actions filed against the officer;
3. Criminal Investigations of/or criminal complaint against an officer;

4. Any Use-of-Force by an officer that is formally determined or adjudicated by a Grand Jury or Internal Affairs to have been excessive, unjustified, or unreasonable;
5. Domestic violence investigation that the officer is an alleged subject;
6. An arrest of an officer, including DUI;
7. Sexual Harassment claims against an officer;
8. Vehicle collisions were an officer was determined to be at fault;
9. A positive drug test of an officer;
10. Cases or arrests by an officer that are rejected or dismissed by a court;
11. Cases that evidence is obtained by an officer and are suppressed by a court;
12. Insubordination by an officer;
13. Neglect of by an officer; and
14. Unexcused absences (AWOL) by an officer.

NOTE: The nature of the complaints, substantiated and not substantiated, is not related to the holding of a review meeting. The aggregate number of accumulated complaints in a given period shall be the indicator that a review meeting is warranted. However, for the purposes of this policy, complaints lodged against an entire unit will not be counted toward the threshold.

B. Notification

1. The Commander of Internal Affairs, or his designee, shall provide notification to the affected employee's commander that a EWS review is necessary. He will also supply a copy of the employee's complaint file to the commander.

2. Upon receipt of the complaint file, the commander will notify the employee in writing, notify the employee's immediate supervisor, and schedule a meeting to review the employee's complaint history in detail.

C. Reviewing Complaints

1. The EWS review will be centered on the nature of the complaints received, the frequency and the circumstances surrounding each complaint. The attendees will thoroughly discuss each complaint to identify any similarities or mitigating circumstances.

2. After discussing the complaints, the commander will develop an action plan in conjunction with the employee, his supervisor and if needed, training personnel. This plan may call for no action, remedial training or some other action on the part of the employee and/or his supervisor. Any statement made by the subject officer in connection with EWS review may not be used against the officer in any disciplinary or other proceeding.

Remedial/corrective action may include but is not limited to the following:

a. Training or re-training;
b. Counseling;
c. Intensive supervision;
d. Fitness-for-duty;
e. Employee Assistance Program (EAP) referral; and
f. Any other appropriate remedial or corrective action.
3. The plan, along with a synopsis of the EWS review meeting, and any recommendations will be prepared by the commander and forwarded through the chain of command to the Director of Police for his consideration.

4. The Director of Police may call upon any of the involved parties to seek additional information regarding the nature of the complaints, the meeting or the action plan.

NOTE: Nothing in this policy binds the Director of Police to the recommendations contained in the action plan.

D. Filing and Implementing Action Plan

1. With the concurrence of the Director of Police, the plan of action will be returned to the employee through the chain of command with a copy to the Commander of Internal Affairs for insertion in the employee's Internal Affairs file. The plan will remain in the officers Internal Affairs file.

2. The commander shall ensure that the subject officer is monitored for at least 3 months, or until the supervisor concludes that the officer’s behavior has been remedied (whichever is longer).

3. The employee's immediate supervisor in an employee's chain of command in conjunction with the appropriate personnel from Training will ensure that the action plan, if any, is instituted and adhered to.

E. Request to Initiate Complaint Review Process

1. At any time, any supervisor in an employee's chain of command, deeming a EWS review necessary and an appropriate option, may request Internal Affairs to initiate the EWS review process.

2. Such request must be in writing and forwarded through their respective chain of command, with approval at each level, to Internal Affairs.

3. Internal Affairs will then coordinate the EWS review process and follow the same procedures outlined in B through D of this policy.

F. Notification to County Prosecutor

Upon initiation of the EW System review process, the agency’s chief executive or a designee shall make a confidential written notification to the County Prosecutor or his/her designee of the identity of the subject officer, the nature of the triggering performance indicators, and the planned remedial program. Upon completion of the EWS review process, the agency’s chief executive shall make a confidential written notification to the County Prosecutor or his/her designee of the outcome of the EWS review, including any remedial measures taken on behalf of the subject officer.
By Order Of:  

Todd R. Warren  
Director of Police

Date: 10.10.18

By Order Of:  

Captain V. Vitiello  
Chief Law Enforcement Officer

Date: 10.10.18
I ______________________ understand that as part of the pre-employment process, the Orange Police Department will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis. I understand that a negative drug test result is a condition of employment. I understand that if I refuse to undergo the testing, I will be rejected from employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After this two-year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.

I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form.

I agree to undergo drug testing through urinalysis as part of the pre-employment process.

________________________  __________________________
Signature                 Date

________________________  __________________________
Signature                 Date

Attachment A
DRUG TESTING MEDICATION INFORMATION

As part of the drug testing process, it is essential that you inform us of all medications you have taken in the last fourteen (14) days. Please carefully complete the information below.

Check all that apply:

A. During the past 14 days I have taken the following medication prescribed by a physician:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Prescribing Physician</th>
<th>Date Last Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. During the past 14 days, I have taken the following non-prescription medications (cough medicine, cold tablets, aspirin, diet medication, nutritional supplements, etc.)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Date Last Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

C. During the past 14 days, I have taken NO prescription or non-prescription medications.

_________________________________________  ______________________________________
Social Security Number and Initials        Date

_________________________________________  ______________________________________
Signature of Witness                       Date

Attachment B
I understand that as part of the program of training at the Orange Police Department I will undergo unannounced drug testing by urinalysis during the training period.

I understand that a negative drug test result is a condition of my continued attendance at the above listed training program. I understand that if I refuse to undergo the testing, I will be dismissed from the training program and from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, I will be dismissed from the academy.

I understand that if I produce a positive test result for illegal drug use, the academy will notify my employer of the positive test result. In addition, I will be permanently dismissed from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from serving as a law enforcement officer in New Jersey.

I have read and understand the information contained on this "Trainee Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the academy training program.

Signature ___________________________ Date ___________________________

Signature ___________________________ Date ___________________________

Attachment C
DRUG TESTING
OFFICER NOTICE AND ACKNOWLEDGMENT

I understand that as part of my employment with the Orange Police Department I am required to undergo unannounced drug testing by urinalysis either through a random drug testing procedure or where there is reasonable suspicion to believe I am illegally using drugs.

I understand that a negative drug test result is a condition of my continued employment as a sworn officer at the above listed department.

I understand that if I produce a positive test result for illegal drug use, it will result in my termination from employment.

I understand that if I refuse to undergo testing, it will result in the same penalties as a positive test for the illegal use of drugs.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, the information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to my employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from future employment as a law enforcement officer in New Jersey.

I understand that if I resign or retire after receiving a lawful order to submit a urine specimen for drug testing and do not provide the specimen, I shall be deemed to have refused to submit to the drug test.

I have read and understand the information contained on this "Officer Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as a condition of my continued employment as required by law.

Signature Date Signature Date

Attachment D
NOTIFICATION TO THE CENTRAL DRUG REGISTRY

<table>
<thead>
<tr>
<th>AGENCY SUBMITTING</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY</td>
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</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td>CONTACT PERSON</td>
<td>TITLE</td>
</tr>
<tr>
<td></td>
<td>PHONE</td>
</tr>
</tbody>
</table>

PERSON TO BE ENTERED

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>RACE</th>
<th>EYE COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

THIS PERSON WAS.  

- a APPLICANT
- a TRAINEE
- a SWORN OFFICER-
- REASONABLE SUSPICION
- RANDOM
- a SWORN OFFICER-

ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
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<tbody>
<tr>
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DOB | SSN | SBI NUMBER (IF KNOWN)

<table>
<thead>
<tr>
<th>REASON FOR NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE PERSON LISTED ABOVE a TESTED POSITIVE FOR ____________</td>
</tr>
</tbody>
</table>

(IDENTIFY SUBSTANCE)

OR

- a REFUSED TO SUBMIT A URINE SAMPLE

DATE OF THE DRUG TEST OR REFUSAL | DATE OF FINAL DISMISSAL OR SEPARATION FROM AGENCY

CERTIFICATION (Must be completed by Chief or Director. Must be notarized with raised seal)

I hereby affirm that the above information is true and correct to the best of my knowledge

_____________________________  ________________________________  ________________________________
Print Name  Title  Signature

Sworn and subscribed before me this ____________ day of __________________________, ____________

(Seal)

Mail to: Division of State Police
Records and Identification Section
P.O. Box 7068
West Trenton, New Jersey 08628-0068

Attachment E