

# Complaint Reporting Process

You may file a complaint if you believe that a Charles County Sheriff's Officer or employee has mistreated any person, and you are willing to cooperate with the investigation.

## **To Obtain A Complaint Form #145**

Sufficient supplies of forms shall be readily available at:

- ◆ Charles County Sheriff's Office Headquarters and District Stations (La Plata, Waldorf and Indian Head). Please ask a Sheriff's Deputy for help at any district station.
- ◆ Public Libraries
- ◆ The County Government Building

Upon request, the complaint form will be mailed to your address.

## **Fill Out The Form Completely And In Detail**

Please give all the information requested on the *Charles County Sheriff's Office Complaint Against Employee* form. Incomplete information may delay the investigation. State law requires that all **use of force** complaints be sworn to under oath and that the complaint be filed within **90 days** of the event.

## **Submit The Complaint Form**

The completed *Charles County Sheriff's Office Complaint Against Employee* form may be hand-delivered to any Sheriff's Office facility. You may mail it to the following:

- ◆ Charles County Sheriff's Office, Office of Internal Affairs, 6915 Crain Highway, Post Office Box 189, La Plata, MD 20646

## **If You Need More Help, Please Contact:**

- ◆ Office of Internal Affairs at 301/609-6500



# Charles County Sheriff's Office Complaint Against Employee



HEADQUARTERS  
6915 Crain Highway  
La Plata, MD 20646-0189  
301-609-6400

OFFICE OF INTERNAL AFFAIRS  
6915 Crain Highway  
La Plata, MD 20646-0189  
301-609-6500

TODAY'S DATE: \_\_\_\_\_ I.A. REPORT NO.: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

YOUR ADDRESS: \_\_\_\_\_  
(STREET) (APARTMENT NUMBER)

(CITY OR TOWN) (STATE) (ZIP CODE) (HOME PHONE NUMBER WITH AREA CODE)

WHERE CAN YOU BE REACHED DURING THE DAY? \_\_\_\_\_  
(ADDRESS) (PHONE NUMBER WITH AREA CODE)

IF YOU ARE VISITING THE METROPOLITAN WASHINGTON AREA, WHERE CAN YOU BE CONTACTED IN THIS AREA?  
\_\_\_\_\_  
(ADDRESS) (PHONE NUMBER WITH AREA CODE)

WHEN AND WHERE DID THE INCIDENT THAT YOU ARE COMPLAINING ABOUT OCCUR? \_\_\_\_\_  
(DATE & TIME)  
\_\_\_\_\_  
(GIVE ADDRESS OF INCIDENT OR DESCRIBE IN DETAIL)

LIST THE NAME(S) OF THE OFFICER(S) INVOLVED IF YOU KNOW THEM  
(1) \_\_\_\_\_ ID # \_\_\_\_\_ (2) \_\_\_\_\_ ID # \_\_\_\_\_  
(3) \_\_\_\_\_ ID # \_\_\_\_\_ (4) \_\_\_\_\_ ID # \_\_\_\_\_

ARE THESE OFFICERS FROM THE CHARLES COUNTY SHERIFF'S OFFICE?  YES  NO  
SOME OTHER AGENCY? (PLEASE LIST) \_\_\_\_\_

PLEASE LIST ANY IDENTIFICATION OF THE OFFICER(S) THAT YOU KNOW (CAR NUMBER, PHYSICAL DESCRIPTION, ETC.)  
\_\_\_\_\_

LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESS(ES) TO THE EVENT YOU ARE COMPLAINING ABOUT  
(1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR COMPLAINT AND PLEASE DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS (USE EXTRA PAPER IF NECESSARY AND ATTACH TO THIS FORM)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ REVERSE SIDE OF THIS FORM

YOUR SIGNATURE \_\_\_\_\_ WITNESS TO YOUR SIGNATURE \_\_\_\_\_

RECEIVED BY THE CHARLES COUNTY SHERIFF'S OFFICE BY MAIL  IN PERSON   
BY: \_\_\_\_\_ ID # \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Maryland Law, Article 27, Section 728 (b) (4)**

A complaint against a law enforcement officer, alleging brutality in the execution of his duties, may not be investigated unless the complaint be duly sworn to by the aggrieved person, a member of the aggrieved person's immediate family, or by any person with firsthand knowledge obtained as a result of the presence at, and observation of, the alleged incident, or by the parent or guardian in the case of a minor child before an official authorized to administer oaths. An investigation which could lead to disciplinary action under this subtitle for brutality may not be initiated and an action may not be taken unless the complaint is filed within 90 days of the alleged brutality.

**Maryland Law, Article 27, Section 734C**

Any person who knowingly makes a false statement, report or complaint in the course of an investigation or any proceeding conducted under the provisions of this subtitle is subject to the same penalties as provided in **Article 27, § 150.** (1977 ch, 366.)

**Maryland Law, Article 27, Section 150**

Any person who makes a false statement, report, or complaint, or who causes a false statement, report or complaint to be made, to any peace or police officer of any county, city or other political subdivision of this State, knowing the same, or any material part thereof, to be false and with intent to deceive and with intent to cause an investigation or other action to be taken as a result thereof, shall be deemed guilty of a misdemeanor and upon conviction shall be subject to a fine of not more than \$500 or be imprisoned not more than 6 months, or both.

**THIS SECTION MUST BE COMPLETED FOR COMPLAINTS OF EXCESSIVE FORCE OR POLICE BRUTALITY**

I do solemnly declare and affirm under penalty of perjury that I have read or have had read to me the foregoing laws pertaining to this complaint and that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE (IN PRESENCE OF NOTARY) (DATE)

STATE OF MARYLAND :  
 :ss  
COUNTY OF \_\_\_\_\_:

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, BEFORE ME A NOTARY PUBLIC OF SAID STATE AND COUNTY AFORESAID PERSONALLY APPEARED \_\_\_\_\_ AND MADE OATH IN DUE FORM OF LAW THAT THE MATTERS AND FACTS RELATED HEREIN ARE TRUE.

MY COMMISSION EXPIRES \_\_\_\_\_  
NOTARY PUBLIC