



Charles County Sheriff's Office

Complaint Against Employee



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

TODAY'S DATE:

I.A. REPORT NO:

Complainant: _____
(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)

Any Documents / Videos? Yes No Attached

When and where did the incident you are complaining about occur? _____
(Date and Time)

(Provide the address of the location of the incident or describe in detail)

List the name(s) of the officer(s) involved if known:

(1) _____ ID # _____ (2) _____ ID # _____
(3) _____ ID # _____ (4) _____ ID # _____

Are these officers from the Charles County Sheriff's Office? Yes No

Another Agency? (Please list the Agency) _____

Please list any identification of the officer(s) that you know (Car Number, Physical Description, Etc.)

Please list the name(s) and address(es) of any witness(es) to the event you are complaining about:

(1) _____ (2) _____

YOUR SIGNATURE

RECEIVED BY THE CHARLES COUNTY SHERIFF'S OFFICE: BY MAIL IN PERSON EMAIL OTHER

BY: _____ ID # _____ DATE: _____ TIME: _____

PLEASE LIST YOUR COMPLAINT IN DETAIL ON THE NEXT PAGE

THE FOLLOWING INFORMATION IS PROVIDED FOR COMPLAINTS OF EXCESSIVE FORCE. THIS INFORMATION IS NOT INTENDED TO DISCOURAGE LEGITIMATE COMPLAINTS AGAINST POLICE OFFICERS.

Maryland Law, Public Safety Article, Section 3-113

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 **§9-501 of the Criminal Law Article.**

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

I do solemnly declare and affirm under penalty of perjury that this complaint and its contents are true and correct to the best of my information, knowledge and belief.

Signature

Date

Submitted by:

Name

Date

Mail to:

Office of Professional Responsibility
6915 Crain Highway
La Plata, MD 20646
(301) 609-6500

Email to:

OPR@ccso.us