



Charles County Sheriff's Office Complaint Form



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 AND 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? (Circle One) 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) _____

YOUR SIGNATURE _____

WITNESS TO YOUR SIGNATURE _____

RECEIVED BY THE CHARLES COUNTY SHERIFF'S OFFICE: (Circle One) BY MAIL IN PERSON

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

PLEASE LIST YOUR COMPLAINT IN DETAIL ON THE NEXT PAGE

