

301-609-6400

## Charles County Sheriff's Office Complaint Form



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

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

VOLD MAME								
YOUR NAME:	(LAST)	(FIRST)	(MIDDLE)	(DA	TE OF BIRTH)			
			,	`	,			
YOUR ADDRESS:	(STREET)			(APAR'	TMENT NUMBER)			
	,			`	,			
(CITY OR TOWN)	(STATE)		5	(HOME PHONE NUMBER W				
WHERE CAN YOU	J BE REACHED DURING	G THE DAY?	(ADDRESS)	(PHONE NUMBER V	WITH AREA CORE			
IF YOU ARE VISI	IF YOU ARE VISITING THE METROPOLITAN WASHINGTON AREA, WHERE CAN YOU BE CONTACTED IN THIS AREA?							
	DDRESS)			(DHONE NITIMDED	WITH AREA CODE)			
(AL	DRESS)			(PHONE NUMBER	WITH AREA CODE)			
WHEN AND WHE	RE DID THE INCIDENT	THAT YOU ARE	COMPLAINING ABO	UT OCCUR?	AND TIME)			
				(DATE	AND TIME)			
	(GIV	E ADDRESS OF INC	CIDENT OR DESCRIBE	IN DETAIL)				
LIST THE NAME(	S) OF THE OFFICER(S)	INVOLVED IF YO	U KNOW THEM					
(1)	ID	#	(2)	ID #	£			
(3)	ID	#	(4)	ID	#			
ARE THESE OFFICERS FROM THE CHARLES COUNTY SHERIFF'S OFFICE? (Circle One)  SOME OTHER AGENCY? (PLEASE LIST)								
PLEASE LIST ANY	PLEASE LIST ANY IDENTIFICATION OF THE OFFICER(S) THAT YOU KNOW (CAR NUMBER, PHYSICAL DESCRIPTION, ETC.)							
	TELASE DIST ANT IDENTIFICATION OF THE OFFICER(S) THAT TOO KNOW (CAR NOWIDER, FITTSICAL DESCRIPTION, ETC.)							
LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESS(ES) TO THE EVENT YOU ARE COMPLAINING ABOUT								
(1)								
			(-)					
YOUR SIGNATURE WITNESS TO YOUR SIGNATURE								
RECEIVED BY TH	IE CHARLES COUNTY	SHERIFF'S OFFICI	E: (Circle One)	BY MAIL IN PER	SON			
BY:	I	D#	DATE:	TIME:				


THE FOLLOWING INFORMATION IS PROVIDED FOR COMPLAINTS OF EXCESSIVE FORCE OR POLICE BRUTALITY. THIS INFORMATION IS NOT INTENDED TO DISCOURAGE LEGITIMATE COMPLAINTS AGAINST POLICE OFFICERS; IN FACT, THE VALIDITY OF A THOROUGH INVESTIGATION DEPENDS UPON TIMELY AND TRUTHFUL INFORMATION.

## Maryland Law, Public Safety Article, Section 3-104(c)

A complaint against a law enforcement officer, alleging brutality in the execution of the law enforcement officer's duties, may not be investigated unless the complaint is sworn to, before an official authorized to administer oaths, by the aggrieved individual, a member of the aggrieved individual's immediate family, an individual with firsthand knowledge obtained because the individual was present at and observed the alleged incident, or the parent or guardian of the minor child, if the alleged incident involves a minor child. An investigation that may 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 for correctional officers and 366 days for 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

## Maryland Law, Criminal Law Article, Section 9-501

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 NOTAR	RY)	(DATE)					
STATE OF MARYLAND	:						
COUNTY OF	:ss _:						
I HEREBY CERTIFY THAT ON THIS DAY OF, 20, BEFORE ME AND TARY 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					