Charles County Sheriff's Office

Officer/ Employee 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)

DATE AND LOCATION OF THE INCIDENT INVOLVING THE OFFICER/ EMPLOYEE(S) _____
(DATE AND TIME)

_____
(GIVE ADDRESS OF INCIDENT OR DESCRIBE IN DETAIL)

LIST THE NAME(S) OF THE OFFICER(S) / EMPLOYEES INVOLVED IF YOU KNOW THEM

(1)_____ ID # _____ (2) _____ ID # _____

(3)_____ ID # _____ (4) _____ ID # _____

ARE THESE OFFICERS/ EMPOYEES FROM THE CHARLES COUNTY SHERIFF'S OFFICE? (Circle One) YES ☐ NO ☐
SOME OTHER AGENCY? (PLEASE LIST) _____

PLEASE LIST ANY IDENTIFICATION THAT YOU KNOW (EMPLOYEE ID, BADGE / 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

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 officer 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 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