

**REPORT OF COMPLAINT AGAINST POLICE PERSONNEL**

CONFIDENTIAL

**Name of Complainant:** \_\_\_\_\_

**At what address can you be contacted:** \_\_\_\_\_

**What telephone number? Residence:** \_\_\_\_\_ **Employment:** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Location of incident:** \_\_\_\_\_

**Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, unit number, etc.)**

**Rank:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Vehicle:** \_\_\_\_\_

**Name(s)/address/phone number or other identifying information concerning witness:**

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

**Statement of allegation:** \_\_\_\_\_

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

**(if additional space is needed, use reverse side of sheet)**

**I understand that this statement of complaint will be submitted to the Frederick County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to**

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**the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.**

**I understand that, under the regulations of the Sheriff's Office, the deputy against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.**

<b>Signature of Complainant</b>	<b>Date</b>	(    ) <b>Check if complainant refused to sign</b>
<b>Signature of Person Receiving Complaint</b>	<b>Date and Time Received</b>	