

CHARLES COUNTY POLICE ACCOUNTABILITY BOARD

POLICE MISCONDUCT COMPLAINT FORM

This form is to be used for complaints of police misconduct occurring in Charles County, Maryland, after June 30, 2022. Please contact the law enforcement agency directly for instructions on filing complaints of police misconduct occurring prior to July 1, 2022.

Each complaint of police misconduct filed with the Charles County Police Accountability Board (PAB) shall be forwarded to the appropriate law enforcement agency by the PAB within three days of receipt. The law enforcement agency is responsible for completing an investigation of the complaint. The disposition of a complaint shall be completed within 1 year and 1 day of the filing of a complaint.

Incomplete or unsigned forms may not be processed. Return this completed and signed form by mail or in person to:

Charles County Police Accountability Board
c/o Office of the County Attorney
200 Baltimore Street
La Plata, MD 20646
Email completed complaint to: policeaccountabilityboard@charlescountymd.gov

CONTACT INFORMATION

NAME OF COMPLAINANT:

(LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

CONTACT INFORMATION OF COMPLAINANT:

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE NUMBERS) (EMAIL ADDRESS)

NAME OF PERSON COMPLETING THIS FORM, IF OTHER THAN THE COMPLAINANT:

(LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

CONTACT INFORMATION OF PERSON COMPLETING THE FORM, IF OTHER THAN THE COMPLAINANT:

(STREET ADDRESS)

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(CITY, STATE, ZIP CODE)

(PHONE NUMBERS)

(EMAIL ADDRESS)

INCIDENT INFORMATION

WHERE DID THE INCIDENT THAT YOU ARE COMPLAINING ABOUT OCCUR? (STREET ADDRESS OR DESCRIPTION OF LOCATION WITH AS MUCH DETAIL AS POSSIBLE) ?

ON WHAT DATE AND AT WHAT TIME DID THE INCIDENT THAT YOU ARE COMPLAINING ABOUT OCCUR?

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

- 1) _____ ID#: _____ AGENCY: _____
- 2) _____ ID#: _____ AGENCY: _____
- 3) _____ ID#: _____ AGENCY: _____
- 4) _____ ID#: _____ AGENCY: _____

IF THE NAME(S) OF THE OFFICER(S) IS UNKNOWN TO YOU, PLEASE LIST ANY IDENTIFYING INFORMATION THAT YOU KNOW (CAR NUMBER, PHYSICAL DESCRIPTION, ETC.)

LIST THE NAME, ADDRESS, AND PHONE NUMBER OF ANY WITNESS(ES) TO THE INCIDENT

- 1) _____
- 2) _____
- 3) _____
- 4) _____

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WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS. (USE EXTRA PAPER, IF NECESSARY, AND ATTACH TO THIS FORM)

<SIGNATURE PAGE TO FOLLOW>

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I hereby certify, under penalty of perjury, that the foregoing information is true and correct.

YOUR SIGNATURE

DATE

WITNESS TO YOUR SIGNATURE

DATE

*****IN OFFICE USE ONLY*****

RECEIVED BY THE POLICE ACCOUNTABILITY BOARD BY _____ (NAME)
ON _____ (DATE) BY MAIL _____ IN PERSON _____.
COMPLAINT NUMBER ISSUED: _____