

CAROLINE COUNTY COMPLAINT AGAINST PERSONNEL REPORT

INTERNAL INVESTIGATION CASE#:

OFFICER/DEPUTY'S NAME:		ID#:	Rank:				
Agency:		Work Assign	Work Assignment:				
Incident Date:	Time:	Case/Report#	Case/Report#: (If applicable)				
Incident Location:							
COMPLAINANTS NAME:		DOB:	Sex:	Race:			
Home address:		Home ph:	Mok	Mobile ph:			
Employer:		Address:					
E-MAIL Address:		Other Contac	ct#:				
WITNESS NAME:		DOB:	Sex:	Race:			
Home address:		Home ph:	Mob	oile ph:			
Employer:		Address:					
E-MAIL Address:		Other Contac	Other Contact#:				
BREIFLY DESCRIBE WHA		ADDITI		N CONTINUATION SHEET			
BREIFLY DESCRIBE WHA	FIRM UNDER PENALTY C	ADDITI REFFEF	IONAL INFORMATION O	ΓΙVΕ			
I DO SOLEMNLY DECLARE AND AF	FIRM UNDER PENALTY COWLEDGE.	ADDITI REFFER	IONAL INFORMATION OF TO ATTACHED NARRAT	ED HEREIN IS TRUE ANI			
BREIFLY DESCRIBE WHA	FIRM UNDER PENALTY COWLEDGE.	ADDITI REFFER	INFORMATION STATE Date:	ED HEREIN IS TRUE ANI			
I DO SOLEMNLY DECLARE AND AF CORRECT TO THE BEST OF MY KN COMPLANANTS SIGNATURE:	FIRM UNDER PENALTY COWLEDGE.	ADDITI REFFER OF PERJURY THAT THE TRATIVE USE ONLY	INFORMATION STATE Date:	ED HEREIN IS TRUE ANI			
I DO SOLEMNLY DECLARE AND AF CORRECT TO THE BEST OF MY KN COMPLANANTS SIGNATURE:	FIRM UNDER PENALTY CONLEDGE. ADMINIST Phone	ADDITI REFFER OF PERJURY THAT THE TRATIVE USE ONLY Letter	INFORMATION STATE Date:	ED HEREIN IS TRUE ANI			
I DO SOLEMNLY DECLARE AND AF CORRECT TO THE BEST OF MY KN COMPLANANTS SIGNATURE: Complaint received by:	FIRM UNDER PENALTY COWLEDGE. ADMINIST Phone	ADDITI REFFER OF PERJURY THAT THE TRATIVE USE ONLY Letter	INFORMATION STATE Date: In Person	ED HEREIN IS TRUE ANI			
I DO SOLEMNLY DECLARE AND AF CORRECT TO THE BEST OF MY KN COMPLANANTS SIGNATURE: Complaint received by: Agency Received by:	FIRM UNDER PENALTY CONLEDGE. ADMINIST Phone	ADDITI REFFER OF PERJURY THAT THE TRATIVE USE ONLY Letter ID#:	INFORMATION STATE Date: In Person Date Received:	ED HEREIN IS TRUE ANI			

PAGE _ 1 _ OF _____



CAROLINE COUNTY COMPLAINT AGAINST PERSONNEL REPORT

CONTINUATION SHEET

CONTINUATION STILL					
COMPLAINANTS NAME:	DOB:	Sex: _		Race	:
Home address:	Home ph:		Mobile ph:		
Employer:	Address:				
E-MAIL Address:	Other Contact#:				
WITNESS NAME:	DOB:	Sex:		_ Race	e:
Home address:	Home ph:	Mobile ph:			
Employer:	Address:				
E-MAIL Address:	Other Contact#:				
NARRATIVE CONTINUATION					
I DO SOLEMNLY DECLARE AND AFFIRM UNDER PE CORRECT TO THE BEST OF MY KNOWLEDGE.	NALTY OF PERJURY THAT THE INF	ORMATION S	STATED HE	EREIN	IS TRUE AN
COMPLANANTS SIGNATURE:		Date:			
PAR FORM 176			PAGE		