



CAROLINE COUNTY COMPLAINT AGAINST PERSONNEL REPORT

INTERNAL INVESTIGATION CASE#: _____

OFFICER/DEPUTY'S NAME: _____ ID#: _____ Rank: _____

Agency: _____ Work Assignment: _____

Incident Date: _____ Time: _____ Case/Report#: (If applicable) _____

Incident Location: _____

COMPLAINANTS NAME: _____ DOB: _____ Sex: _____ Race: _____

Home address: _____ Home ph: _____ Mobile ph: _____

Employer: _____ Address: _____

E-MAIL Address: _____ Other Contact#: _____

WITNESS NAME: _____ DOB: _____ Sex: _____ Race: _____

Home address: _____ Home ph: _____ Mobile ph: _____

Employer: _____ Address: _____

E-MAIL Address: _____ Other Contact#: _____

ADDITIONAL COMPLAINANT AND WITNESS INFORMATION ON CONTINUATION SHEET

BRIEFLY DESCRIBE WHAT HAPPENED	ADDITIONAL INFORMATION ON CONTINUATION SHEET REFER TO ATTACHED NARRATIVE

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION STATED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLAINANTS SIGNATURE: _____ Date: _____

ADMINISTRATIVE USE ONLY			
Complaint received by:	Phone	Letter	In Person
Agency Received by: _____			
Person Received by: _____		ID#: _____	Date Received: _____
Commander Reviewing: _____		ID#: _____	Date Received: _____
Forwarded to PAB by: _____		ID#: _____	Date Sent: _____



CAROLINE COUNTY COMPLAINT AGAINST PERSONNEL REPORT

CONTINUATION SHEET

COMPLAINANTS NAME: _____ DOB: _____ Sex: _____ Race: _____

Home address: _____ Home ph: _____ Mobile ph: _____

Employer: _____ Address: _____

E-MAIL Address: _____ Other Contact#: _____

WITNESS NAME: _____ DOB: _____ Sex: _____ Race: _____

Home address: _____ Home ph: _____ Mobile ph: _____

Employer: _____ Address: _____

E-MAIL Address: _____ Other Contact#: _____

NARRATIVE CONTINUATION

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION STATED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLAINANTS SIGNATURE: _____ Date: _____