



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: _____

COMPLAINANT'S 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 THE CONTINUATION SHEET
- REFER TO THE 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.

COMPLAINANT'S SIGNATURE: _____ Date: _____

ADMINISTRATIVE USE ONLY

Complaint received by: Phone Letter/Mail 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

COMPLAINANT'S 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

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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.

COMPLAINANT'S SIGNATURE: _____ Date: _____



CAROLINE COUNTY COMPLAINT AGAINST PERSONNEL REPORT

NARRATIVE CONTINUATION

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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.

COMPLAINANT'S SIGNATURE: _____ Date: _____