



HOWARD COUNTY SHERIFF'S OFFICE
Complaint Against Personnel

- Citizen Complaint Internal Complaint
 Law Enforcement Officer Civilian Employee / Volunteer
 On Behalf of Minor

DATE OF COMPLAINT	TIME:	IAD#:
COMPLAINANT(S) NAME:		
ADDRESS: (
HOME PHONE:	WORK PHONE:	OTHER:N/A <input type="checkbox"/> Cell <input type="checkbox"/> Pager
PERSONNEL INVOLVED: (If names are not known, provide a detailed description, car number, ID number, etc.) The Driver of vehicle tag #1407		
DATE OF INCIDENT:	TIME OF INCIDENT:	
LOCATION OF INCIDENT:		
HCSO INCIDENT REPORT NO: N/A	CRIMINAL / CIVIL / TRAFFIC CITATION NUMBER:	
NATURE OF INCIDENT:		
SUMMARY OF INCIDENT (Provide details):		
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WITNESS INFORMATION: (Name, address and telephone numbers for ALL witnesses)		

Signature of Complainant or Receiving Deputy & ID#

Date

FORWARDED TO: (Internal Use Only)

INSTRUCTIONS

1. Complete each section with as much detail as possible.
2. Additional paper may be used for Summary of Incident, if needed.
3. Sign the form.
4. Bring the completed form to either the Administrative or Court Services Offices or mail to: Howard County Sheriff's Office, Office of the Sheriff, 8360 Court Avenue, Ellicott City, Maryland 21043.
5. In lieu of a written complaint, citizens may also call the Administrative or Court Services Offices or the Office of the Sheriff:
 Administrative Division Offices: 410-313-4202
 Court Services Division Offices: 410-313-4150 / 410-313-2153
 Office of the Sheriff: 410-313-4202
6. Pursuant to Maryland law, any complaint of improper Use of Force MUST be accompanied by a written, signed, and notarized Affidavit within 90 days of the incident. An affidavit may be obtained by downloading it from www.howardcountymd.gov/Sheriff/Sheriff_HomePage.htm or by calling the Office of the Sheriff.
7. Making false accusations or statements which cause an investigation may lead to civil and criminal actions.