



# 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**

<b>BRIEFLY DESCRIBE WHAT HAPPENED</b>	<b>ADDITIONAL INFORMATION ON THE CONTINUATION SHEET REFER TO THE ATTACHED NARRATIVE</b>

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: \_\_\_\_\_

<b>ADMINISTRATIVE USE ONLY</b>			
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

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

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: \_\_\_\_\_