

Queen Anne's County Office of the Sheriff Citizen's Compliment/Complaint

 Compliment

 Complaint

 Community Concerns

INSTRUCTIONS:

1. Complete each section with as much detail as possible.
2. Additional paper may be used if necessary.
3. Sign the form.
4. Bring to Queen Anne's County Office of the Sheriff Headquarters, email to sheriff-info@qac.org; digitally sign and submit the online version of the form using the "Submit" button at the bottom of the form; or mail to Internal Affairs Unit, 505 Railroad Ave, Centreville MD 21617.
5. Citizens may call Headquarters to make their initial complaint, compliment or concern at 410-758-0770
6. Pursuant to Maryland Law, any complaint of improper use of force must be signed and sworn to under penalty of perjury within 366 days of the incident. The aggrieved individuals, immediate family member, person present at the alleged incident or someone who has a video recording of the incident that, to the individual's knowledge, is unaltered or the parent/guardian of a minor child.
7. False accusations or statements which cause an investigation may lead to civil and criminal actions.
8. The investigator to which the case has been assigned will contact the complainant for complaints against personnel.
9. The complainant will be informed of the final disposition of a complaint and any discipline imposed.

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|---|--|--|----------------------------------|
| CURRENT DATE: | | TIME: | IAU# (Internal Use Only): |
| CITIZEN'S NAME: | | | |
| ADDRESS: | | | |
| HOME PHONE: | WORK PHONE: | CELLPHONE: | |
| DATE OF INCIDENT: | | TIME OF INCIDENT: | |
| LOCATION OF INCIDENT: | | | |
| QACSO REPORT #: | CRIMINAL/SERO/WARNING/TRAFFIC CITATION #: | | |
| NATURE OF INCIDENT: | | | |
| SUMMARY OF INCIDENT (Provide details. Continue on Page 2 if needed) | | | |
| WITNESS INFORMATION: | | | |
| CITIZEN'S SIGNATURE: | | FORWARDED TO (Internal Use Only): | |
| <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; font-size: small;"><i>"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."</i></p> | | DATE: | |
| RECEIVING PERSONNEL (NAME/ID #) | | RECEIVING PERSONNEL DATE & TIME | |
| RECEIVING PERSONNEL SIGNATURE | | | |

**Queen Anne's County Office of the Sheriff
Citizen's Compliment/Complaint**

SUMMARY OF INCIDENT (Continued):

CITIZEN'S NAME

IAU # (Internal Use Only):

CITIZEN'S SIGNATURE:

DATE:

"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."