Howard County Police Department

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:** ☐ **Cell** ☐ **Pager**
PERSONNEL INVOLVED: (If names are not known, provide a detailed description)		
DATE OF INCIDENT:	**TIME OF INCIDENT:**	
LOCATION OF INCIDENT:		
HCPD REPORT NUMBER:	**CRIMINAL/CIVIL/TRAFFIC CITATION NUMBER:**	
NATURE OF INCIDENT:		
SUMMARY OF INCIDENT: (Provide details):		
WITNESS INFORMATION:		
COMPLAINANT SIGNATURE (OR RECEIVING OFFICER AND 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 form.**
4. **Bring to any District Station, neighborhood satellite office, or mail to: Howard County Police Department, Internal Affairs Division, 3410 Court House Drive, Ellicott City, Maryland 21043.**
5. **In lieu of a written complaint, citizens may also call any District station or the Internal Affairs Division:**
   Northern District 410-313-3200
   Southern District 410-313-3700
   Internal Affairs Division 410-313-5800
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 incident. An Affidavit may be obtained by downloading it from www.hcpd.org or by calling the Internal Affairs Division.**
7. **Making false accusations or statements which cause an investigation may lead to civil and criminal actions.**
8. **A supervisor will contact the complainant when it is assigned for investigation.**