



**Prince George's County Fire/EMS Department Complaint
Against Department Law Enforcement Officer**

Headquarters:
9201 Basil Court 4th Floor
Upper Marlboro, MD 20772
301-583-2200

Internal Affairs Division
9201 Basil Court 4th Floor
Upper Marlboro, MD 20772
301-583-2200

TODAY'S DATE: _____

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YOUR NAME: _____
 (LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

YOUR ADDRESS: _____
 (STREET)

 (CITY, STATE, ZIP CODE) (PHONE NUMBERS)

WHERE CAN YOU BE REACHED DURING THE DAY? _____
 (ADDRESS) (PHONE NUMBERS)

IF YOU ARE VISITING THE WASHINGTON AREA, WHERE CAN YOU BE CONTACTED IN THIS AREA?

 (ADDRESS) (PHONE NUMBERS)

WHEN AND WHERE DID THE INCIDENT THAT YOU ARE COMPLAINING ABOUT OCCUR? _____
 (DATE & TIME)

(ADDRESS OF INCIDENT OR DESCRIBE LOCATION/AREA IN DETAIL)

LIST THE NAME(S) OF THE OFFICER(S) INVOLVED IF YOU KNOW THEM

1) _____ ID# _____ 2) _____ ID# _____
 3) _____ ID# _____ 4) _____ ID# _____

ARE THE OFFICERS FROM THE PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT OR FROM ANOTHER AGENCY?
 PRINCE GEORGE'S COUNTY FIRE/EMS _____ OTHER (PLEASE LIST) _____

PLEASE LIST ANY IDENTIFICATION OF THE OFFICER(S) THAT YOU KNOW (CAR NUMBER, PHYSICAL DESCRIPTION, ETC.) _____

LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESS(ES) TO THE EVENT YOU ARE COMPLAINING ABOUT

1) _____ 2) _____

WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS. (USE EXTRA PAPER, IF NECESSARY, AND ATTACH TO THIS FORM)

PLEASE READ THE REVERSE SIDE OF THIS FORM

YOUR SIGNATURE

WITNESS TO YOUR SIGNATURE

RECEIVED BY THE FIRE/EMS DEPARTMENT _____ BY MAIL _____ IN PERSON

BY: _____ ID#: _____ DATE & TIME: _____