

OFFICE OF THE COUNTY SHERIFF

Montgomery County Maryland

Maxwell C. Uy, Sheriff

50 Maryland Avenue

Rockville, Maryland 20850-2306



Complaint Form

COMPLAINT INFORM	MATION:							
Name:								
(Last)			(First)			(Middle)		
Date of Birth: /	/	Sex	: Male	e	male	Race:		
Address:								
Telephone Numbers: Home () - Work () - Cellular () -								
INCIDENT INFORMATION:								
Date: / /	Time:	: a.m./p.m. Number of Employee		mployees	Involved:			
Location:								
DESCRIPTION OF COMPLAINT:								

WITNESS INFORMAT	ION:					
Name: (Last)		(First)	(Middle)			
Address:		(====)	(
Telephone Numbers:	Home ()	Work ()	Cellular ()			
Name: (Last)						
Address:			()			
Telephone Numbers:	Home ()	Work ()	Cellular ()			
Name:(Last) (First) (Middle)						
Address:		(Inst)	(Made)			
Telephone Numbers:	Home ()	Work ()	Cellular ()			
Name: (Last)		(Middle)				
Address:						
Telephone Numbers:	Home ()	Work ()	Cellular: ()			
EMPLOYEES INVOLV	ED: (If known)					
Name: (Last)	(Fi	rst)	(I.D. Number)			
Name: (Last)	(Fi	rst)	(I.D. Number)			
Name:	Œ		(ID.N. I.)			
(Last)	(F)	rst)	(I.D. Number)			
Name: (Last)	(Fi	rst)	(I.D. Number)			
I solemnly affirm under the <u>penalties of perjury</u> that the contents of the foregoing complaint are true. Complainant's Signature: Date://						
Name of Sheriff's Office employee to whom this Complaint Form is given:						
			Date:/			
Distribution: Original - Sheriff's Office Copy - To Complainant as receipt						