



**OFFICE OF THE COUNTY SHERIFF**

**Montgomery County Maryland**

*Darren M. Popkin*

**50 Maryland Avenue**

**Rockville, Maryland 20850-2306**



**Complaint Form**

**COMPLAINT INFORMATION:**

<b>Name:</b> _____			
(Last)	(First)	(Middle)	
<b>Date of Birth:</b> /     /	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b>	
<b>Address:</b>			
<b>Telephone Numbers:</b>	<b>Home</b> -	<b>Work</b> -	<b>Cellular</b> -

**INCIDENT INFORMATION:**

<b>Date:</b>	/	/	<b>Time:</b>	:	a.m./p.m.	<b>Number of Employees Involved:</b>
<b>Location:</b>						

**DESCRIPTION OF COMPLAINT:**


**WITNESS INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address:

Telephone Numbers:	Home	Work	Cellular
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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address:

Telephone Numbers:	Home	Work	Cellular
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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address:

Telephone Numbers:	Home	Work	Cellular
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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address:

Telephone Numbers:	Home	Work	Cellular:
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**EMPLOYEES INVOLVED: (If known)**

Name: \_\_\_\_\_  
(Last) (First) (I.D. Number)

Name: \_\_\_\_\_  
(Last) (First) (I.D. Number)

Name: \_\_\_\_\_  
(Last) (First) (I.D. Number)

Name: \_\_\_\_\_  
(Last) (First) (I.D. Number)

I solemnly affirm under the penalties of perjury 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