

**BLADENSBURG POLICE DEPARTMENT
COMPLAINT AGAINST POLICE PRACTICES**

OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as possible. What aspect(s) of the incident was improper (your specific complaint). How could it be resolved to your satisfaction?

Your Name

(LAST)

(FIRST)

(MIDDLE)

(DATE OF

Your Address

(STREET)

(APARTMENT)

(CITY OR TOWN)

(STATE)

(ZIP CODE)

Phone Numbers

()

()

()

(HOME)

(BUSINESS)

(CELLULAR)

Incident

(LOCATION)

(DATE)

(TIME)

INVOLVED PERSONNEL

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

WHERE ARE THE OFFICERS FROM? BLADENSBURG OTHER: _____

LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESS(ES) TO THE EVENT

(1) _____ (2) _____

INCIDENT DESCRIPTION / COMPLAINT

PLEASE READ THE REVERSE SIDE OF THIS FORM

YOUR SIGNATURE

DATE

WITNESS SIGNATURE

DATE

