

City of Havre de Grace Police DEPARTMENT Personnel Compliment/Complaint

Citizen Compliment/Comple	aint		Internal Compliment/Co	omplaint	☐ Written on Behalf of Minor
TODAY'S DATE:	NEW AUTOWARD ALL		TIME:		A#:
NAME:					Processor and a constraint of the constraint of
ADDRESS:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
HOME PHONE: WORK PHONE				OTHER:	Email
HdGPD PERSONNEL INVOLVED	: (If names	are not	known, provide a detailed de	scription)	
DATE OF INCIDENT:			TIME OF INCIDENT:		
LOCATION OF INCIDENT:					
HdGPD REPORT #: CRI			NAL/CIVIL#:		
NATURE OF INCIDENT:					
SUMMARY OF INCIDENT: (Provid	e details)				
WITNESS INFORMATION:		**************************************			
SIGNATURE:		11 74 77		5,742	RWARDED TO: (Internal Use Only)
DATE:					

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 or mail to the City of Havre de Grace Police Department 715 Pennington Ave. Havre de Grace, MD 21078.
- 5. Electronic submission can be made to: command@havredegracemd.com
- 6. In lieu of a written compliment/ complaint, citizens may also call the police station and request to speak to a supervisor: 410-939-2121.

Additional instructions on back of form.

7.	Complaints alleg	ing brutality must be signed and sworn to under the penalty of perjury within 366 days of the alleged of the following:	
	a.	The aggrieved individual;	
	b.	A member of the aggrieved individual's immediate family;	
	c.	Any individual with firsthand knowledge obtained as a result of the presence at, and observation of, the alleged incident;	
	d.	Any individual who has a video recording of the incident that to the best of the individual's knowledge	
	e.	is unaltered; or By a parent or guardian in the case of a minor child.	
All con	nplaints will be thoro	ughly investigated.	
viaking	g raise accusations c	or statements, which cause an investigation, may lead to civil and criminal actions.	
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	EIVING OFFICER	AND ID#:	

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