Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

Police Accountability Board: Complaint Form

125 North Division Street
P.O. Box 870
Salisbury, MD. 21803-0870
Phone: 410-548-4801
Fax: 410-548-4803
Email: pabadmin@wicomicocounty.org
Office Hours: 8:00AM – 4:30PM

Police Accountability Board Statement: Required by the Maryland Police Accountability Act of 2021, the Police Accountability Board will receive citizens' complaints of alleged police misconduct and forward them to law enforcement for investigation. Once an investigation is complete, the Administrative Charging Committee will decide whether disciplinary action is warranted and offer recommendation for discipline in accordance with a state-mandated matrix.

DEFINITIONS:

Law Enforcement Agency- a governmental police force, sheriff's office, security force or law enforcement organization of Wicomico County or a municipal corporation within Wicomico County that by statute, ordinance, or common law is authorized to enforce the general criminal laws of the State

Officer- any employee of a law enforcement agency who is authorized to enforce the general criminal laws of the State, County or a municipal corporation

Police misconduct- a pattern, practice, or conduct by a police officer or law enforcement agency that includes: (1) depriving persons of rights protected by the constitution or laws of the state or the United States; (2) a violation of a criminal statute; and (3) a violation of law enforcement agency standards and policies.

Disclaimer: *Pursuant to State law, the Wicomico County Police Accountability Board cannot accept complaints regarding officers employed by any law enforcement agency except for: Delmar Police Department, Fruitland Police Department, Pittsville Police Department, Salisbury City Police Department and the Wicomico County Sheriff's Office.*

A complaint of police misconduct may not be filed for events preceding July 1, 2022. A claim of a pattern or practice of police misconduct may rely on events which occurred prior to July 1, 2022. A claim of a pattern or practice of police misconduct may rely on events up to 3 years prior. A complaint of police misconduct must be filed within 45 days of the event unless otherwise provided for by Maryland law.

Please drop off your completed form to: The Government Office Building located at 125 North Division St., Salisbury, MD 21803 **Have questions?** Call 410-548-4801 or email pabadmin@wicomicocounty.org

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

Date of Alleged Police Misconduct:

_____

(MM/DD/YYYY)

Complainant's Name:

_____

(Last) (Suffix) (First) (MI)

Date of Birth: **Phone Number:** **Email Address:**

_____ **_____(Home)** **_____**

(MM/DD/YYYY)

_____(Cell)

_____(Work)

Home Address:

_____

(Street) (City) (State) (Zip)

Date of Incident: **Time of Incident:**

_____ **_____ (AM) (PM)**

(MM/DD/YYYY)

Location of Incident:

_____

(Street) (City) (State) (Zip)

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

Officers Involved : ***Please list the name, badge number, and law enforcement agency, if known:***

1.			
2.			
3.			

Physical description of Officer(s)- ***hair and eye color, height, gender, race/ethnicity, uniform color, etc, if known:***

1.			
2.			
3.			

Describe Injuries- ***if none, skip the next question***

_____

Location and Date of Treatment:

_____

(Hospital/ Doctor's Office) (Physician's Name) (Date of Treatment MM/DD/YYYY)

Witnesses-Contact Information: ***Name, Phone Number, Address***

1.			
2.			
3.			

Preferred Language of Communication

_____

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

Complainant Statement and Agreement

Please describe the incident in your own words

- ***Provide as much detail as possible and use additional sheets if necessary*:**

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

I, _____, do hereby affirm that the information stated herein is true and correct to the best of my knowledge and belief. I further understand that all information sworn to as true and correct, if proven to be false could be cause for criminal charges, a civil liability suit, or the dismissal of this complaint.

_____

Print Name

_____ _____

Sign Name **Date**

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

Witness Statement and Agreement

Please describe the incident in your own words

- ***Provide as much detail as possible and use additional sheets if necessary*:**

Complainant Name:

_____

For Internal Use Only

Incident Number: _____

Complaint Received: _____

I, _____, do hereby affirm that the information stated herein is true and correct to the best of my knowledge and belief. I further understand that all information sworn to as true and correct, if proven to be false could be cause for criminal charges, a civil liability suit, or the dismissal of this complaint.

_____

Print Name

_____ _____

Sign Name **Date**