Police Accountability Board Complaint Form

One W. Market St., Room 1103
Snow Hill, MD 21863
Phone: 410-632-1194
Fax: 410-632-3131
Email: pab@co.worcester.md.us
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 the officer will be administratively charged and offer a recommendation for discipline in accordance with a state-mandated matrix. 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 either:

- The agency employing the officer that is the subject of the complaint; or
- Worcester County Government
  Police Accountability Board
  One W. Market St., Room 1103
  Snow Hill, MD 21863.

Note: You will be asked to provide photo ID upon submitting your complaint.

The Worcester County Police Accountability Board only accepts complaints about police misconduct, which is defined as 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.

The Worcester County Police Accountability Board has the authority to review complaints about misconduct of police officers employed by the following police agencies operating in Worcester County:

Berlin Police Department
Ocean City Police Department
Ocean Pines Police Department
Pocomoke City Police Department
Snow Hill Police Department
Worcester County Sheriff's Office

Complaints about misconduct of police officers employed by the Maryland State Police and Natural Resources Police should be directed to the Anne Arundel County Police Accountability Board regardless of where the alleged misconduct occurred.

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, information and belief. I further understand that providing false information in this complaint may subject me to criminal prosecution, civil liability and/or cause this complaint to be dismissed.

_____

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, information and belief. I further understand that providing false information in this complaint may subject me to criminal prosecution, civil liability and/or cause this complaint to be dismissed.

_____

Print Name

_____ _____

Sign Name **Date**