UNIVERSITY PARK POLICE DEPARTMENT
6724 Baltimore Avenue
University Park, Maryland 20782
(301) 277-0050 FAX (301) 779-1905

POLICE COMPLAINT / COMMENDATION FORM

Purpose: [ ] Commendation of Employee Service [ ] Complaint of Agency Action

[ ] Commendation or Suggestion Regarding Agency Service [ ] Complaint of Employee Performance

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CASE #: _____ Date: _____

Your name: _____
(Last) (First) (Middle)

Work address: _____
(Street) (City or Town) (State) (Zip Code) (Home Phone)

Best Location/Way to Contact You: _____
_____

Incident Occurred: _____
(Date) (Time) (Location)

Employee(s)/Officer(s) involved (if known):

Employee(s)/Officer(s) Name **ID#**

1. _____
2. _____
3. _____
4. _____

Witnesses to incident:

NAME **ADDRESS** **PHONE**

1. _____
2. _____
3. _____
4. _____

Best Way to Locate Witness(s): _____

FORM 12-01: LAW ENFORCEMENT OFFICERS' BILL OF RIGHTS – UPPD1200.0

Please provide us with detailed information regarding this matter in your own words: (use extra paper if necessary and attach to this form).

_____
_____
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_____
_____

_____ _____
Your Signature Date Witness Signature Date

Received By: _____ How? In Person _____ Phone _____ Other _____
Name/I.D. /Date

THIS SECTION ONLY APPLIES TO COMPLAINTS OF POLICE BRUTALITY

STATE OF MARYLAND:

COUNTY OF _____:

I hereby certify that on this _____ day of _____, _____, before me, a DISTRICT COMMISSIONARY/NOTARY PUBLIC of said state and county aforesaid, personally appeared _____ and made oath in due form of law that the matters and facts as related above are true.

My commission expires:_____
DISTRICT COMMISSIONER/NOTARY PUBLIC