



## POLICE ACCOUNTABILITY BOARD: COMPLAINT FORM

One W. Market St., Room 1103

Snow Hill, MD 21863

Phone: 410-548-4801

Fax: 410-632-3131

Email: [pab@co.worcester.md.us](mailto: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 disciplinary action is warranted and offer 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:** Worcester County Government, Police Accountability Board, One W. Market St., Room 1103, Snow Hill, MD 21863.

**Have questions?** Call 410-632-1194 or email [pab@co.worcester.md.us](mailto:pab@co.worcester.md.us)

### DEFINITIONS:

- **Law Enforcement Agency:** a governmental police force, sheriff's office, security force or law enforcement organization of Worcester County or a municipal corporation within Worcester 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.

The Worcester County Police Accountability Board only accepts complaints regarding officers employed by any law enforcement agency except for: Pocomoke City Police Department, Snow Hill Police Department, Ocean Pines Police Department, Berlin Police Department, Ocean City Police Department, and the Worcester County Sheriff's Office.

**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:**

\_\_\_\_\_  
(MM/DD/YYYY)

**Phone Number:**

\_\_\_\_\_ (Home)

\_\_\_\_\_ (Cell)

\_\_\_\_\_ (Work)

**Email Address:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Date of Incident:**

\_\_\_\_\_  
(MM/DD/YYYY)

**Time of Incident:**

\_\_\_\_\_ (AM) (PM)

**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: \_\_\_\_\_

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**

Incident Number: \_\_\_\_\_

Complaint Received: \_\_\_\_\_

**Please describe the incident in your own words**

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

[illegible]

**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**