SALISBURY UNIVERSITY POLICE
COMPLAINT AGAINST PERSONNEL REPORT
110 Power St. Salisbury, MD 21801
410-543-6222

Complainant’s Full Name: __________________________________________________________

Police Accountability Board Statement:
Required by the Maryland Police Accountability Act of 2021, the Police Accountability Board will receive citizens’ complaint 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 proved by Maryland law.

Please drop off our completed form to the Salisbury University Police Department located at 110 Power St., Salisbury, MD 21804.

Complainant’s Full Name: __________________________________________________________

Date of Birth: ____________________

Email Address: ____________________________________________________________

Phone: ________________________________

Address: __________________________________________________________________________

Date of Incident: ___________________________ Time of Incident: ___________________________

Location of Incident: __________________________________________________________________________

Distribution 1) Original to Field Operations Commander
2) Copy to Chief of Police
3) Copy to Complainant
4) Copy to Police Accountability Board

SUPD Form 050A
9/22
Complainant’s Full Name:

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

1) 

2) 

3) 

Physical Description of Officers- hair and eye color, height, gender, race/ethnicity, uniform color, etc, if known:

1) 

2) 

3) 

Describe Injuries- if none, skip to the next question  YES / NA

Location and Date of Treatment: 

Witnesses- Contact Information: Name, Phone Number, Address

1) 

2) 

3) 

Distribution  1) Original to Field Operations Commander
               2) Copy to Chief of Police
               3) Copy to Complainant
               4) Copy to Police Accountability Board

SUPD Form 050A
9/22
Complainant’s Full Name: 

Complainant Statement and Agreement

Please describe the incident in your own words, provide as much detail as possible and use additional sheets if necessary:

Distribution  
1) Original to Field Operations Commander  
2) Copy to Chief of Police  
3) Copy to Complainant  
4) Copy to Police Accountability Board  

SUPD Form 050A  
9/22


SALISBURY UNIVERSITY POLICE
COMPLAINT AGAINST PERSONNEL REPORT
110 Power St. Salisbury, MD 21801
410-543-6222

Complainant’s Full Name:

Complainant Statement and Agreement

Please describe the incident in your own words, provide as much detail as possible and use additional sheets if necessary:

Distribution 1) Original to Field Operations Commander
2) Copy to Chief of Police
3) Copy to Complainant
4) Copy to Police Accountability Board

SUPD Form 050A
9/22
Complainant’s Full Name: ________________________________

I, ________________________________, do hereby affirm that the information stated 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 the complaint.

Print Name: _______________________________________

Sign Name: _______________________________________

Date: ____________________

For Internal Use Only

Date received: ________________

Distribution 1) Original to Field Operations Commander
2) Copy to Chief of Police
3) Copy to Complainant
4) Copy to Police Accountability Board

SUPD Form 050A
9/22
Time received: ________________
Complaint received by: __________________________