

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

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

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

**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

**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

**SALISBURY UNIVERSITY POLICE
COMPLAINT AGAINST PERSONNEL REPORT**

110 Power St. Salisbury, MD 21801
410-543-6222

Complainant's Full Name: _____

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 the complaint.

Print Name: _____

Sign Name: _____

Date: _____

<p><u>For Internal Use Only</u></p> <p>Date received: _____</p>

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

**SALISBURY UNIVERSITY POLICE
COMPLAINT AGAINST PERSONNEL REPORT**

110 Power St. Salisbury, MD 21801

410-543-6222

Time received: _____

Complaint received by: _____

- 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