



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

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 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.

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: 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.

_____	_____	_____
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Physical description of Officer(s)- hair and eye color, height, gender, race/ethnicity, uniform color, etc, if known:

1.

_____	_____	_____
-------	-------	-------

2.

_____	_____	_____
-------	-------	-------

3.

_____	_____	_____
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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 acknowledge that this statement is a statement made to a law enforcement officer and/or a public official appointed by the Worcester County Commissioners and that any false statement contained herein could result in a criminal prosecution for providing a false statement to law enforcement or a public official, a civil liability suit, or dismissal of this complaint.

Print Name

Sign Name

Date

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 acknowledge that this statement is a statement made to a law enforcement officer and/or a public official appointed by the Worcester County Commissioners and that any false statement contained herein could result in a criminal prosecution for providing a false statement to law enforcement or a public official, a civil liability suit, or dismissal of this complaint.

Print Name

Sign Name

Date



Police Accountability Board: Complaint Form Receipt

One W. Market St., Room 1103

Snow Hill, MD 21863

Phone: 410-632-1194

Fax: 410-632-3131

Email: pab@co.worcester.md.us

(Date)

Thank you for your submission. A representative from the Police Accountability Board will be in contact to update you on the status of your submission within 5 business days from the date you dropped off your completed form. If you have further questions or concerns about the process please email pab@co.worcester.md.us

Please keep this copy for your records.

Complainant

Receiver of Complaint

Check if additional items were received