

**BOWIE POLICE DEPARTMENT
COMPLAINT AGAINST POLICE PRACTICES**

HEADQUARTERS:
15901 Excalibur Road
Bowie, MD 20716
240-544-5700

TODAY'S DATE: _____

Page 1

YOUR NAME: _____
(LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

YOUR ADDRESS: _____
(STREET) (APARTMENT NUMBER)

_____ (CITY OR TOWN) (STATE) (ZIP CODE) (HOME PHONE NUMBER WITH AREA CODE)

WHERE CAN YOU BE REACHED DURING THE DAY? _____
(ADDRESS) (PHONE NUMBER WITH AREA CODE)

IF YOU ARE VISITING THE METROPOLITAN WASHINGTON AREA, WHERE CAN YOU BE CONTACTED IN THIS AREA?
_____ (ADDRESS) (PHONE NUMBER WITH AREA CODE)

WHEN AND WHERE DID THE INCIDENT THAT YOU ARE COMPLAINING ABOUT OCCUR? _____
(DATE AND TIME)

(GIVE ADDRESS OF INCIDENT OR DESCRIBE IN DETAIL)

LIST THE NAME(S) OF THE OFFICER(S) INVOLVED IF YOU KNOW THEM

(1) _____ ID _____ (2) _____ ID _____
(3) _____ ID _____ (4) _____ ID _____

ARE THESE OFFICERS FROM THE BOWIE POLICE DEPARTMENT OR FROM SOME OTHER AGENCY?
BOWIE POLICE _____ OTHER (PLEASE LIST) _____

PLEASE LIST ANY IDENTIFICATION OF THE OFFICER(S) THAT YOU KNOW (CAR NUMBER, PHYSICAL DESCRIPTION, ETC)

LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESS(ES) TO THE EVENT YOU ARE COMPLAINING ABOUT

(1) _____ (2) _____

WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS.
(USE EXTRA PAPER, IF NECESSARY, AND ATTACH TO THIS FORM)

PLEASE READ THE REVERSE SIDE OF THIS FORM

YOUR SIGNATURE _____ WITNESS TO YOUR SIGNATURE _____

RECEIVED BY THE POLICE DEPARTMENT _____ BY MAIL _____ IN PERSON _____

BY: _____ ID _____ DATE: _____ TIME: _____

THE FOLLOWING INFORMATION IS PROVIDED FOR COMPLAINTS OF EXCESSIVE FORCE OR POLICE BRUTALITY. THIS INFORMATION IS NOT INTENDED TO DISCOURAGE LEGITIMATE COMPLAINTS AGAINST POLICE OFFICERS THE VALIDITY OF A THOROUGH INVESTIGATION DEPENDS UPON TIMELY AND TRUTHFUL INFORMATION.

Maryland Public Safety Code, 3-104 (C) (1) (I-IV) and 3-104 (D)

A complaint against a law enforcement officer, alleging brutality in the execution of his duties, may not be investigated unless the complaint is signed and sworn to, under the penalty of perjury, by the aggrieved individual; by a member of the aggrieved person's immediate family; or by any person with firsthand knowledge obtained as a result of the presence at, and observation of, the alleged incident, or has a video recording of the incident that to the best of the individual's knowledge is unaltered; and by the parent or guardian in the case of a minor child. An investigation which could lead to disciplinary action under this subtitle for brutality may not be initiated and an action may not be taken unless the complaint is filed within 366 days of the alleged brutality.

Maryland Public Safety Code, 3-113

Any person who knowingly makes a false statement, report or complaint in the course of an investigation or any proceeding conducted under the provisions of this subtitle is subject to the same penalties as provided in **Maryland Criminal Law Code Annotated, 9-501.** (1977, ch. 366.)

Maryland Criminal Law Code Annotated, 9-501

Any person who makes a false statement, report or complaint, or who causes a false statement, report or complaint to be made, to any peace or police officer of any county, city or other political subdivision of this State, knowing the same, or any material part thereof, to be false and with intent to deceive and with intent to cause an investigation or other action to be taken as a result thereof, shall be deemed guilty of a misdemeanor and upon conviction shall be subject to a fine of not more than \$500 or be imprisoned not more than 6 months, or both.

Bowie Police Department
Complaint Against Police Practices
Form Completion Instructions

After the Adobe PDF form is downloaded onto your computer screen:

For complaints NOT INVOLVING police brutality:

- 1) Print a copy of page 1
- 2) Fill out the form completely with as much detail as possible
- 3) Incomplete information may delay the investigation
- 4) Make 2 extra copies of the completed form
- 5) The completed original and one copy may be hand delivered to Bowie Police Department
 - The Police Department will take possession of the original form and 1 copy
 - You should keep 1 copy for your records
- 6) Or mail the original and 1 copy to:

Police Department
15901 Excalibur Road
Bowie, MD 20716
240-544-5700

For complaints INVOLVING police brutality:

- 1) Print 3 copies of pages 1 and 2 each
- 2) Fill out all 3 copies of page 1 completely with as much detail as possible
- 3) Incomplete information may delay the investigation
- 4) Cause the completion of all 3 copies of page 2 by:
 - A currently commissioned Notary Public or,
 - Any other official authorized to administer oaths
- 5) You can hand deliver 2 of the completed copies of pages 1 and 2 to Bowie Police Department
 - You should keep 1 copy of page 1 and 2 for your records
- 6) Or mail 2 of the completed copies of pages 1 and 2 to:

Police Department
15901 Excalibur Road
Bowie, MD 20716
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