



## DORCHESTER COUNTY POLICE ACCOUNTABILITY COMPLAINT FORM

Pursuant to Dorchester County Code § 122-2 (D&E), within three days of receiving a complaint alleging police misconduct, the Police Accountability Board (PAB) will forward the same to the appropriate law enforcement agency for investigation and recommended disposition. Complaints submitted to the PAB must be signed, but do not need to be notarized.

Below is the form to be used when submitting a complaint to the PAB. Informational fields marked with an \* are *required* to be completed in order for the PAB to process the complaint.

<b>Complainant's Name *</b>	
<b>Complainant's Residential Address *</b>	
<b>Complainant's Mailing Address (if different than residential address)</b>	
<b>Complainant's Contact Information (Telephone number and/or e-mail address)*</b>	
<b>Date of Incident *</b>	
<b>Approximate Time of Incident</b>	
<b>Location of Incident *</b>	
<b>Law Enforcement Agency Involved*</b>	
<b>Name of Officer(s) (if known)</b>	
<b>Traffic Citation Number (if applicable)</b>	
<b>List any witness(es)(name, address and contact information)</b>	

Are you filing this form on behalf of someone?

YES

NO

If yes, provide the name and address of the individual on whose behalf you are submitting this form\*

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Please provide as much detailed information as possible of the incident \*:

<b>Complainant's Signature<sup>1</sup></b>	
<b>Date *</b>	

<sup>1</sup>This request form may be signed electronically. Electronic signatures are deemed original signatures.

Submit completed request form to Dorchester County Council, Room 108, 501 Court Lane, Cambridge, MD 21613 or by email to [pab@dorchestermd.gov](mailto:pab@dorchestermd.gov).

**FOR OFFICE USE ONLY:**

Date complaint received: \_\_\_\_\_

Date of Final Disposition: \_\_\_\_\_