

OFFICE OF THE SHERIFF



PRINCE GEORGE'S COUNTY, MARYLAND

Melvin C. High
SHERIFF

Dear Citizen,

It is the policy of the Prince George's County Office of the Sheriff to investigate all complaints against our agency employees. All complaints will be handled confidentially and are assigned to an investigator in the Office of Internal Affairs/Policy Compliance Division or a supervisor within our agency. Once the form is completed, you may mail the form to the address listed below, submit the form in person during business hours (M-F, 8:00 a.m. – 4:30 p.m.) to an Office of the Sheriff employee at our Sheriff Headquarters (same address as below), or email a copy to sheriffIAD@co.pg.md.us. If you elect to email your complaint, please bring the completed original complaint form to our office once you are scheduled for an interview.

Once your complaint has been received, you will be notified by the Agency within 72 hours and advised on who will be handling your complaint.

Office of the Sheriff for Prince George's County
Internal Affairs/Policy Compliance Section
Attention: **Commander of Internal Affairs**
5303 Chrysler way
Upper Marlboro, Md. 20772

Thank you,
Commander of Internal Affairs
301-552-3942

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PRINCE GEORGE'S COUNTY, MARYLAND

Melvin C. High
Sheriff

STATEMENT OF INCIDENT

Name of person reporting this incident: _____

At what address can you be contacted: _____

Home Phone: _____ Work Phone: _____ Other: _____

Date of incident: _____

Location of incident: _____

WITNESS #1

WITNESS #2

WITNESS #3

Sheriff's Office Personnel involved:

Describe incident in detail:

(If further space is needed, use reverse side and/or additional sheets)

I understand that this statement of complaint will be submitted to the Office of the Sheriff, Prince George's County and may be the basis for an investigation. Further, I sincerely and truly declare and affirm, under the penalties of perjury, that the facts contained in the above statement are complete, accurate and true to the best of my knowledge and belief. Additionally, I declare and affirm that this statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

Signature of reporting person: _____

STATEMENT OF INCIDENT CONTINUATION

Name of Person reporting this incident _____ Date of incident _____

Describe incident in detail: _____

I understand that this statement of complaint will be submitted to the Office of the Sheriff, Prince George's County and may be the basis for an investigation. Further, I sincerely and truly declare and affirm, under the penalties of perjury, that the facts contained in the above statement are complete, accurate and true to the best of my knowledge and belief. Additionally, I declare and affirm that this statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

Signature of reporting person: _____