



# St. Michaels Police Department

100 S. FREMONT STREET • P.O. BOX 986  
ST. MICHAELS, MARYLAND 21663

ANTHONY T. SMITH  
CHIEF OF POLICE

TELEPHONE 410-745-9500  
FAX 410-745-2653

Control Number/Case Number: \_\_\_\_\_

## COMPLAINT FORM

Reporting Person: \_\_\_\_\_ Citizen \_\_\_\_\_ Personnel \_\_\_\_\_

Complainant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complaint/Allegation made against:

\_\_\_\_\_

(Employee's Name)

Summary of the Complaint/Allegations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of occurrence: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

\_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Witness: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complainants' Signature:

Witness's Signature:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

