



FOREST HEIGHTS POLICE DEPARTMENT
 5508 ARAPAHOE DRIVE
 FOREST HEIGHTS, MARYLAND 20745

Complaint Concerning Police Practices



Case or Incident # (if known): _____ Date: _____

Your Name: _____ Cell Number: _____
 (Last) (First) (Middle) Home Number: _____
 Email: _____

Address: _____
 (Street) (City/Town) (State) (Zip code)

Complainant: _____
 (Last) (First) (Middle)

Preferred Method of Contact: _____

Incident occurred on: _____
 (Date) (Time) (Location)

Employee(s)/Officers(s) involved:

Name:	ID#:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Witness(es) to Incident:

Name:	Address:	Phone Numbers:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Best Way to Locate Witness(es): _____

Please provide us with detailed information regarding this matter in your own words: (use extra paper if necessary and attach to this form).

Complaining Party Signature	Date	Witness Signature	Date
-----------------------------	------	-------------------	------

Complaint Received By: _____ How? In Person ____ Phone ____ Other ____
Name/I.D. No./ Date

THIS SECTION ONLY APPLIES TO COMPLAINTS OF POLICE BRUTALITY

STATE OF MARYLAND:

COUNTY OF _____

I hereby certify that on this _____ day of _____, _____, before me, a DISTRICT COMMISSIONARY/NOTARY PUBLIC of said state and county aforesaid, personally appeared _____ and made oath in due form of law that the matters and facts as related above are true.

My commission expires: _____
District Commissioner/Notary Public Signature