

IA Case # _____

UMBC Police Department Citizen Complaint Form

Person Making the Complaint:			
You CAN remain anonymous and skip this section			
Name			
Address		City / State/ Zip Code	
Home phone	()	Cel-Phone	()
Email address:			
Affiliation to UMBC	Student	Faculty / Staff	Visitor

The Incident:	
Date / Time Occurred:	
Location Occurred:	
Officer Involved Name:	
Car Number:	

Witness 1			
Name		Cel-phone	
Address		City/ State/ Zip Code	
Email address:			
Witness 2			
Name		Cel-phone	
Address		City/ State/ Zip Code	
Email address:			

Statement of Complaint / Allegations:

All complaints against UMBC Police officers will be investigated. You will be contacted by an investigator / supervisor or Administrator to follow-up on your complaint. Note: If you remain anonymous, we cannot contact you and let you know how the incident was concluded.

Affirmation: I affirm that the information that I have supplied is accurate and true to the best of my knowledge and belief.
 _____ DATE/ TIME: _____
 Signature of Complainant

Officer Receiving Complaint:	
Date / Time Prepared:	
Deputy Chief of Police:	
Date Received:	
Investigation Assigned to:	
Date / Time Case Assigned:	