



LA PLATA POLICE DEPARTMENT

Compliment/Complaint Form

To: Chief of Police

From: _____ Phone: _____
(Your Name-Please Print)

(Your Address)

When and where did the incident occur?

Date: _____ Time: _____ Location: _____

Please list names and badge numbers of personnel involved, if you know:

Please list the names and addresses of any witness(s) to the incident:

What is your compliment/complaint? Please describe in your own words:

(please use separate sheet of paper if necessary)

If this is a complaint, please fill out the statement below:

I do solemnly swear or affirm under the penalty of perjury the statement provided is true and accurate to the best of my understanding and knowledge.

(Your signature)

Please mail or return this form to:

Chief of Police
La Plata Police Department
101 La Grange Avenue
La Plata, MD 20646

Thank you for bringing this complaint to our attention.