BRUNSWICK POLICE DEPARTMENT

20 East A Street, Brunswick, Maryland 21716

CITIZEN COMPLAINT FORM

Name: _____
(Last) (First) Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____
(Home) (Cell) (Work)

Email: _____

Incident Occurred: _____

Officer Involved: 1._____

2._____

Witness: 1._____

2._____

Describe your complaint in your own words and be detailed (use additional paper, if needed):

_____

_____

_____

_____ _____
(Your Signature Required) (Witness to Your Signature)

Complaints or concerns may also be telephoned to 301.834.9101 or emailed to Chief@BrunswickMD.gov

*Complaints of excessive force must be signed and sworn to under the penalty of perjury
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Complaint Received by: _____

[ ] Report attached
[ ] See additional comments on reverse side