



Kent County Sheriff's Office Complaint Against Personnel Report

1. INSTRUCTIONS: If you have a complaint against a Kent County Sheriff's Office (KCSO) employee or against the KCSO itself, you may report your complaint by completing this form and mailing or delivering it in person to:

Kent County Sheriff's Office
104 Vickers Drive, Unit B
Chestertown, MD 21620

If you would prefer, you may call the KCSO on (410) 778-2279 and ask to speak with the Sheriff or one of the Commanders about your complaint. The information you provide will help us investigate your complaint. We will respond to you with the results of our investigation.

Do not complete the shaded portions of this form.

If you allege brutality on the part of a KCSO Deputy, you should also complete Page 2 of this form. The law requires that a complaint of brutality be notarized, which means the complainant must sign the complaint form in the presence of a notary public. We have a notary on staff at KCSO who can notarize it for you.

2. NAME OF KCSO EMPLOYEE				Rank	Assignment	ID
3. YOUR NAME		4. YOUR HOME ADDRESS		5. YOUR RESIDENCE TELEPHONE		
		6. YOUR WORK ADDRESS		7. YOUR WORK TELEPHONE		
8. WITNESS' NAME		9. WITNESS' ADDRESS		10. WITNESS' TELEPHONE		
11. WITNESS' NAME		12. WITNESS' ADDRESS		13. WITNESS' TELEPHONE		
14. DATE OF INCIDENT		15. TIME OF INCIDENT		16. LOCATION OF INCIDENT		
17. DESCRIPTION OF INCIDENT (attach additional sheets if necessary)						
18. REPORT RECEIVED BY			19. DATE		20. TIME	
21. METHOD OF RECEIPT		<input type="checkbox"/> Telephone		<input type="checkbox"/> Mail		<input type="checkbox"/> Personal Delivery
22. ASSIGNED TO			DATE		KCSO IAU CASE NUMBER	



**Kent County Sheriff's Office
Complaint of Brutality**

1. INSTRUCTIONS: The Maryland Law Enforcement Officers' Bill of Rights requires that a complaint of brutality against a law enforcement officer be made by sworn statement. If your Complaint Against Personnel Report includes a complaint of brutality, you must complete this portion of the form.

2. AFFIDAVIT:

I do hereby solemnly swear or affirm that the information provided on page 1 of this form, and any attachments, is true and correct to the best of my knowledge and belief.

3. AFFIANT'S NAME

4. AFFIANT'S AGE

5. AFFIANT'S ADDRESS

6. DATE

7. SIGNATURE

The person named above appeared personally before me, the subscriber, in the County of _____, and made the oath or affirmation that the information on page 1 of this form, and any attachments, is true and correct.

MY COMMISSION EXPIRES

NOTARY PUBLIC

DATE