

Harford County Sheriff's Office Complaint Against Personnel			Control Number:		
Name of Employee:		Rank:	ID Number:	Division:	
Incident Date:	Time:	Incident Location:			
Describe what happened: <i>(use blank sheet if necessary)</i>					
Name of Complainant:			Date of Birth:	Sex:	Race:
Home Address:			Home Phone:		
Employer:	Address:		Work Phone:		
Email Address:			Cell Phone:		
<p>I understand that this statement of incident to the Harford County Sheriff's Office will be the basis for an investigation. I sincerely and truly declare and affirm under the penalties of perjury, the facts contained in my statement of incident are complete, accurate and true to the best of my knowledge and belief. I made this statement voluntarily without persuasion, coercion, or promise of any kind.</p> <p>Complainant's Signature: _____ Date: _____</p>					
HCSO USE ONLY					
Complaint Received: <input type="checkbox"/> In person <input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> by FAX <input type="checkbox"/> anonymously <input type="checkbox"/> online					
Complaint Received by: _____ ID Number: _____ Date Received: _____ Time: _____					
Reviewing Supervisor: _____ ID Number: _____ Date Reviewed: _____ Time: _____					
Commander's Disposition: <input type="checkbox"/> Closed Administratively <input type="checkbox"/> ADP <input type="checkbox"/> Local Investigation <input type="checkbox"/> OPS Investigation					
Investigated by: _____ ID Number: _____ Rank: _____ Date Completed: _____					
Final Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Non-Sustained <input type="checkbox"/> Exonerated <input type="checkbox"/> Sustained					
Distribution:					
Original – Remains with original case file					
Copy – Forwarded to the Office of Professional Standards					