Complaint Against Police Practices Form (page 1 of 3)

Your Name:	
Phone Number:	
Home:	Cell/Other:
Work:	
Date of the Incident:	
Time of the Incident:	
Location of the incident:	
known).	e/I.D number and police vehicle number, if
Witnesses name(s), aldress, phonenumbe	er, or other information concerning witness:

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Complaint Against Police Practices Form (page 3 of 3)

(Explanation of the complaint continued)	
(If further space is needed please add addition	nal pages)
I understand that this complaint against p to the Landover Hills Police Department investigation. Further, I declare and affir complete, accurate, and true, to the best of declare and affirm that my statement has persuasion, coercion, or promise of any k	and may be the basis for an m that the facts contained herein are of my knowledge and belief. Further, I been made by me voluntarily without
Signature of Complainant	Date
Signature of Person Receiving Complaint	Date and Time Received