



## **Citizen Complaint/Compliment Information Pamphlet**

**Rockville City Police Department  
2 West Montgomery Avenue  
Rockville, MD 20850  
240-314-8900 (non-emergency)  
TTY 240-314-8909; Fax 240-314-8929  
[rockvillepolicecomplaint@rockvillemd.gov](mailto:rockvillepolicecomplaint@rockvillemd.gov)**

**Provided to anyone wishing to recognize and share positive experiences they have had with Department staff, OR question officer/employee conduct or Department policy/procedures**



All members of the City of Rockville Police Department strive to provide you with the best possible law enforcement and community services. However, we believe that there is always room for improvement. Therefore, we value and welcome input from citizens like you.

The Rockville City Police Department protects and promotes community safety, ensures the safe and orderly movement of traffic, and seeks solutions to any problem that creates fear or threatens the quality of life in this City. Please be aware that from a police officer's perspective, virtually everything he/she does is governed by an assortment of local, state, and federal laws, as well as a variety of Court rulings and decisions.

### **Complaint**

This information pamphlet is provided to familiarize you with the procedures involved (most of which are mandated by law) if you are considering filing a complaint against the Department and/or one of its members.

**If you do not wish to file a formal complaint but wish to speak to the member's supervisor or the Chief of Police, please say so.** Our supervisors have been trained to handle complaints and inquiries of this type, and in most circumstances, they can resolve the matter.

**If you wish to file a complaint, please be aware of the following:**

- ◆ All complaints made against the Department or a member will be investigated. Persons knowingly making a false or malicious complaint are subject to prosecution, pursuant to the provisions of the Annotated Code of Maryland, Criminal Law, Title 9, Subtitle 5, Section 9-501.

- ◆ Complaints made against Police Officers will be handled pursuant to the provisions outlined in the Annotated Code of Maryland, Public Safety Article, Title 3, Subtitle 1, Sections 3-101 to 3-113.
- ◆ If you are filing an alleged excessive force complaint, State law requires that your complaint **must** be signed and filed within 366 days under the penalty of perjury.
- ◆ You may write a letter detailing your complaint, or we will provide you with a form specifically designed for this purpose.
- ◆ When writing your letter, or completing your complaint form, please be as specific as possible regarding dates, times, places, the identity(ies) of those involved, names of witnesses, and what the member did or did not do that is the basis for your complaint. Remember, just like you have a right to due process, so does the Department member.
- ◆ If you choose to e-mail the enclosed Compliment/Complaint Form to [rockvillepolicecomplaint@rockvillemd.gov](mailto:rockvillepolicecomplaint@rockvillemd.gov).
- ◆ You will be notified of the status of the investigation and when/if an investigator will need to interview you further.

Thank you in advance for your time, patience, and feedback.



Victor V. Brito  
Chief of Police  
Rockville City Police Department



**CITY OF ROCKVILLE**  
**Police Department**  
**CITIZEN COMPLAINT/COMPLIMENT FORM**

Name of Complainant/Citizen: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

Name of Officer (s): \_\_\_\_\_

(or Employee(s): \_\_\_\_\_

DESCRIPTION OF COMPLAINT/COMPLIMENT  
(Please be detailed – use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I solemnly affirm under penalty of perjury that the contents of this document  
are true and correct to the best of my knowledge, information and belief.*

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
Date

Name of the Police Department Employee to Whom This Complaint Form Is Given:

\_\_\_\_\_  
(Please Print Name) Date: \_\_\_\_\_

**PLEASE NOTE: COMPLAINTS AGAINST POLICE OFFICERS ARE INVESTIGATED WITHIN THE GUIDELINES OF  
THE LAW ENFORCEMENT OFFICERS' BILL OF RIGHTS AS OUTLINED IN  
ANNOTATED CODE OF MARYLAND, PUBLIC SAFETY ARTICLE, TITLE 3,  
SUBTITLE 1, SECTIONS 3-101 TO 3-113.  
IF AN INVESTIGATOR DOES NOT CONTACT YOU WITHIN FIVE (5) BUSINESS DAYS,  
PLEASE CONTACT THE CHIEF OF POLICE AT 240-314-8912.**

Distribution: Original: Investigator Copy: Complainant/Citizen Copy: File



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