

COMPLIMENT AND COMPLAINT SUBMISSION FORM

MARYLAND STATE POLICE

LICENSING DIVISION

1111 REISTERSTOWN ROAD PIKESVILLE, MARYLAND 21208 – 3899 PHONE: 410-653-4500 TOLL FREE: 1-800-525-5555



EASE COMPLETE THIS FORM, SEND AS AN E-MAIL TACHMENT TO: msp.lic_command@maryland.gov		DO NOT WRITE IN THIS SPACE. RESERVED FOR THE LICENSING DIVISION						
		DATE RECEIVED:						
YOU ARE COMPLETING THIS FORM TO SUBMIT:		UNIT:						
PLEASE CHECK ONE		COMPLIMENT/COMPLAINT NO:						
☐ COMPLAINTS – YOU MUST COMPLETE SEC	TION IV OF THIS FORM	DATE REVIEWED:						
☐ COMPLIMENTS – YOU MAY SKIP SECTION IV OF THIS FORM		REVIEWER NAME:						
CHCCEVON A MOVED CONTACT DIFFORMATION								
SECTION I: YOUR CONTACT INFORMATION	I AGENTANE	MDDVENAME						
		MIDDLE NAME:						
		ZIP CODE:ZIP CODE:						
HOME PHONE:	WORK PHONE:	EMAIL:						
SECTION II: PLEASE SELECT APPROPRIATE R	EGULATED ENTITY							
☐ SECURITY SYSTEMS AGENCY	☐ SECURITY SYSTEMS TECHNICIAN ☐ SECURITY GUARD AGENCY							
☐ SECURITY GUARD	☐ SPECIAL POLICE OFFICER ☐ RAILROAD POLICE OFFICER							
☐ PRIVATE DETECTIVE AGENCY	□PRIVATE DETECTIVE	☐ FIREARMS DEALER						
☐ QUALIFIED HANDGUN INSTRUCTOR	□WEAR AND CARRY HANDGUN PERMIT HOLDER							
SECTION III: PLEASE PROVIDE THE FOLLOWING INFORMATION IN RELATION TO THE INCIDENT								
LOCATION OF INCIDENT	DATE OF INCIDENT:	TIME OF INCIDENT:						
CITY:	. COUNTY:	STATE: ZIPCODE:						
NAME OF AGENCY INVOLVED:		AGENCY PHONE:						
NAME OF EMPLOYEE INVOLVED:								
SECTION IV: THIS SECTION IS REQUIRED IF YOU ARE SUBMITTING COMPLAINTS. YOU MAY SKIP THIS SECTION IF YOU INTEND TO SUBMIT COMPLIMENTS.								
The state of the s	ON IS TRUE AND ACCURA	ARY OF THE STATE POLICE AND ATTESTED TO UNDER THE ATE TO THE BEST OF YOUR KNOWLEDGE. MAKING FALSE IAY LEAD TO CIVIL AND CRIMINAL ACTIONS.						
YOUR SIGNATURE:		DATE:						
By checking the box you are fixing your signature and attesting under the penalty of perjury that the information contained in this form is true and accurate to the best of your knowledge and belief.								