

COMPLIMENT AND COMPLAINT SUBMISSION FORM

MARYLAND STATE POLICE

LICENSING DIVISION

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DO NOT WRITE IN THIS SPACE. RESERVED FOR THE PLEASE COMPLETE THIS FORM, PRINT AND MAIL IT TO THE LICENSING DIVISION OF MARYLAND STATE POLICE LICENSING DIVISION DATE RECEIVED: YOU ARE COMPLETING THIS FORM TO SUBMIT: UNIT: PLEASE CHECK ONE COMPLIMENT/COMPLAINT NO: ☐ COMPLAINTS – YOU MUST COMPLETE SECTION IV OF THIS FORM DATE REVIEWED: ☐ COMPLIMENTS – YOU MAY SKIP SECTION IV OF THIS FORM REVIEWER NAME: SECTION I: YOUR CONTACT INFORMATION FIRST NAME: MIDDLE NAME: MIDDLE NAME: HOME PHONE: EMAIL: SECTION II: PLEASE SELECT APPROPRIATE REGULATED 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 SECTION III: PLEASE PROVIDE THE FOLLOWING INFORMATION IN RELATION TO THE INCIDENT DATE OF INCIDENT: TIME OF INCIDENT: LOCATION OF INCIDENT CITY: 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. ALL COMPLAINTS MUST BE IN WRITING, SUBMITTED TO THE SECRETARY OF THE STATE POLICE AND ATTESTED TO UNDER THE PENALTY OF PERJURY THAT ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. MAKING FALSE ACCUSATIONS OR STATEMENTS WHICH CAUSE AN INVESTIGATION MAY LEAD TO CIVIL AND CRIMINAL ACTIONS. YOUR SIGNATURE: DATE: By checking the box you attest and certify under the penalty of perjury that the information contained in this form is true and accurate to the best of your knowledge and belief.

	PLEASE USE THIS SPACE BELOW TO FURTHER EXPLAIN YOUR COMPLIMENT OR COMPLAINT IN DETAIL. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.
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