



# 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



PLEASE COMPLETE THIS FORM, SEND AS AN E-MAIL  
ATTACHMENT TO: [msp.lic\\_command@maryland.gov](mailto:msp.lic_command@maryland.gov)

DO NOT WRITE IN THIS SPACE. RESERVED FOR THE  
LICENSING DIVISION

YOU ARE COMPLETING THIS FORM TO SUBMIT:

PLEASE CHECK ONE

- COMPLAINTS – **YOU MUST COMPLETE SECTION IV OF THIS FORM**
- COMPLIMENTS – YOU MAY SKIP SECTION IV OF THIS FORM

DATE RECEIVED: .....

UNIT: .....

COMPLIMENT/COMPLAINT NO: .....

DATE REVIEWED: .....

REVIEWER NAME: .....

### SECTION I: YOUR CONTACT INFORMATION

FIRST NAME: ..... LAST NAME: ..... MIDDLE NAME: .....

STREET ADDRESS: ..... CITY: ..... STATE: ..... ZIP CODE: .....

HOME PHONE: ..... WORK 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 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.

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 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.

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

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide a detailed explanation of their compliment or complaint, as indicated by the text above it. The box is completely blank, with no text or markings inside.