



## Mississippi County Sheriff's Department Police-Citizen Complaint Form

Complainant's Name:

Home Phone:

Address:

Cell Phone:

Witness/Other Complainant:

Home Phone:

Address:

Cell Phone:

Date of Incident:

Time of Incident:

Location of Incident:

Officer(s) Name (if known):

### Complaint Affirmation

I, , do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writings given to any person(s) investigating this complaint may subject me to civil prosecution by the accused.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Mississippi County Sheriff's Department to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony at these hearings may be required. I hereby agree to make myself available to any such court or administrative hearing when requested to do so.

Signature \_\_\_\_\_

Details of Complaint:

Name of Accepting Department Member: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

**TO BE COMPLETED BY INVESTIGATING OFFICER**

Type of Complaint: \_\_\_\_\_ Date Received: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Date Investigation Initiated: \_\_\_\_\_ Date Investigation Terminated: \_\_\_\_\_

Comments:

**Final Determination (Check One):**

Substantiated       Unfounded       Inconclusive       Other

**Final Disposition (Check One):**

No Action Taken       Oral Reprimand       Letter of Reprimand       Transfer

Suspension       Reduction       Dismissal       Other

**Signatures of Review Board:**