



CITIZEN COMPLAINT FORM

Gulfport Police Department
2220 15th Street Gulfport, MS 39501
(228) 868-5900



Name:	Date of Birth:	Race: (optional)
Home Address:	State:	Zip:
Telephone number:	Email address:	

INCIDENT DETAILS:

Location of incident:	Date and time of incident: / / @
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Officers and/or Employees involved:

1. _____

2. _____

3. _____

Witness(es): _____

What happened?

(additional space is provided on back of this form)

Complainant statement:

I, by my signature below, affirm that this statement of events is true and correct to the best of my knowledge. I understand that I may be interviewed regarding this complaint and as such, I agree to cooperate fully with the investigation.

Complainant name

_____/_____/_____

Date of complaint

Supervisor receiving complaint

Investigating supervisor

FOR OFFICIAL USE ONLY BELOW THIS LINE

HOW WAS COMPLAINT RECEIVED? PHONE LETTER FAX EMAIL IN-PERSON

ROUTING	<input type="checkbox"/> FORWARDED TO O.I.C.	<input type="checkbox"/> COPY TO P.S.B.	<input type="checkbox"/> INVESTIGATION ASSIGNED	<input type="checkbox"/> COMPLETED
INITIAL & DATE:				

RELATED CITATION AND/OR CASE #	COURT DATE PENDING	<input type="checkbox"/> IMPROPER ACTION	<input type="checkbox"/> ARREST OR STOP	<input type="checkbox"/> RUDENESS
		<input type="checkbox"/> HARASSMENT	<input type="checkbox"/> DRIVING	<input type="checkbox"/> POOR COMMUNICATION
		<input type="checkbox"/> UNPROFESSIONAL	<input type="checkbox"/> USE OF FORCE	<input type="checkbox"/> OTHER (EXPLAIN)

