McComb Police Department

POLICE COMPLAINT FORM

Instructions

The following form must be filled in completely before any action will be taken on your complaint. All properly filed complaints will be answered only in writing. Please allow 30 days to receive an answer to your complaint. You must be specific as to the nature of your complaint. If you are complaining about an incident that is under investigation, is pending hearing or trial in any court, you will only receive a notice stating "Under Investigation". You may not use one form to complain about multiple incidents. You must fill out a separate form for each incident in question. Please be advised, if this complaint is used to affect the employment of an officer or employee of the city, the officer or employee must be provided with a copy of this complaint and the written answer. All complaint forms must be notarized.

Person Making Complaint

Last Name _____ First Name _____ M.I. ____ Sex ____ Race ____ DOB ____ Drivers License # _____ State of DL _____

Address _____ City _____ State ____ Zip ____ Area Code ____ Telephone # _____

Incident In Question

Date of Incident _____ Time of Incident _____ Name of Officer Involved _____ Officer's Employer _____

Name of Person directly affected by this Incident ____ Sex ____ Race ____ DOB ____ Driver's Lic. # ____ State of DL ____

How was this person affected (Arrested, Citation, Jailed, Injured, Questions and Released) other

_____

What is your standing to make this complaint. Please circle one choice (Person affected, Concerned Citizen, Parent) other _____

What did the Officer do that prompted you to make this complaint: Circle One Response (Violated a Law - Be Specific, Made Illegal Stop, Conducted Illegal Search, Used profanity, Used Unnecessary Force, Was Rude in dealing with the Public).

WITNESSES THAT HAVE DIRECT KNOWLEDGE OF THIS INCIDENT (If none, so state)

Last Name _____ First Name _____ M.I. ____ Sex ____ Race ____ DOB ____ Drivers License # _____ State of DL _____

Address _____ City _____ State ____ Zip ____ Area Code ____ Telephone # _____

Last Name	First Name	M.I.	Sex	Race	DOB	Drivers License #	State of DL

Address	City	State	Zip	Area Code	Telephone #

Please write a brief narrative of your complaint in the space provided on the back of this form. ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY, FALSE REPORT OR CIVIL STATUTES. UNDER PENALTY OF PERJURY THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON PAGE ONE, TWO AND ALL ATTACHMENTS OF THIS DOCUMENT, ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.

Signature of Complainant

NARRATIVE REPORT

Under penalty of perjury, the undersigned swears that the facts contained on page one, two, and all attachments of this document are within their personal knowledge and are true and correct.

Signature of Complainant Signature of City Official Receiving Complaint Date Received

On the _____ day of _____, 20___, personally appeared

_____who on their oath stated the above facts were true and correct.

(Seal)

Notary Public