**Hernando Police Department**

**2601 Elm Street**

**Hernando, MS 38632**

**Phone: (662)429-9096**

**Fax: (662)449-3350**

**Conduct Complaint Form**

The completion of this form is the first step in the complaint process. This form needs to be filled out completely and accurately; attach additional pages if necessary. Sign and date the bottom of the form and return to the above address.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle) | | | | | Date of Birth | | | Phone | | |
|  | | | | |  | | |  | | |
| Home Address | | | | City / State | | Email Address | | | | |
|  | | | |  | |  | | | | |
| I AM ALLEGING: | | | | | | | | | | |
| * Excessive Force * Inappropriate Language | | * Harassment * Discrimination | | | | | * Failure to Provide Protection * Other | | | |
| Officer Name(s) | | | | | | | | | | Officer Badge Number(s) |
|  | | | | | | | | | |  |
|  | | | | | | | | | |  |
| Witness Name(s) | Address | | | | | | | | Phone Number | |
|  |  | | | | | | | |  | |
|  |  | | | | | | | |  | |
| Incident Date / Time | | | Incident Number (if applicable) | | | | | | | |
|  | | |  | | | | | | | |
| Narrative – Please describe the incident in detail. Use additional pages if necessary. | | | | | | | | | | |
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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_