## HARRISON COUNTY SHERIFF'S DEPARTMENT

PROFESSIONAL STANDARDS UNIT

Troy J. Peterson, Sheriff

Citizen Complaint Form

Instructions:

This form may be completed on your computer or filled out by hand. This form must be signed prior to processing and submitted by mail or in person. Mail or deliver completed form to the following: Professional Standards Unit, 10451 Larkin Smith Drive, Gulfport, Mississippi, 39503

Complainant Information:	
Full Name	
Home Address	
Race	
Social Security #	
Home Telephone	Alternate Contact
Complaint Type (Check All Appropriate Boxes):	
Improper Action(s) in General Arrest or Stop Issue	Unprofessional Action(s) Driving Behavior
Rudeness or Demeanor Harassment by Deputy	Excessive Use of Force Poor Communication Skills
Other (Explain):	
Incident Information:	
Location	
Date	Time
Officer(s) Involved (Name and Badge Number, If Kn	nown):
Officer(s) Involved (Name and Badge Number, If Kn	10wn):
Officer(s) Involved (Name and Badge Number, If Kn	10wn):
Officer(s) Involved (Name and Badge Number, If Kn	10wn):
Officer(s) Involved (Name and Badge Number, If Kn	aown):3
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):	3 4 3 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):	3 4 3 4 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4
Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4
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Officer(s) Involved (Name and Badge Number, If Kn  1 2  All Witnesses (Name and Contact Number):  1 2	3 4 3 4 4

Date

Complainant's Signature

**Supervisor Receiving Complaint** 

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## Citizen Complaint Form Supplement

Supplement	