**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_