



Complainant's Name: _____ **Address:** _____ **City, State & Zip:** _____

Primary Contact Number: _____ **Secondary Contact Number:** _____ **Date of Report:** _____

Officer Involved & Location of Incident: _____

Witness Name(s) & Telephone Number(s): _____

Description of Incident: _____

Complainant's Signature: _____

I certify that the statements made above are true and correct to the best of my knowledge.
I understand that providing false information to law enforcement is a criminal offense.

Submit Forms To:
Hancock County Sheriff's Office
8450 U.S. Highway 90
Bay St. Louis, MS 39520
-- or -- Email to so@co.hancock.ms.us

Complainant's Signature

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