



GULFPORT POLICE DEPARTMENT Citizen Complaint Report

Complaint Information

Name: _____ Sex: _____ Race: _____ Age: _____

SSN: _____ DOB: _____

Home Address: _____

Home Telephone: _____ Work Telephone: _____

Complaint Type - check appropriate box(s)

Improper Action Arrest or Stop Unprofessional Action

Rudeness Harassment Police Use of Force

Driving Poor Communications

Other (explain) _____

The Incident: Date: _____ Time: _____

Location: _____

Officer(s) Employee(s) Involved: (Name, ID #, if known)

1. _____ 3. _____

2. _____ 4. _____

Summary of Incident: (additional space provided on back of form)

List All **Witness(s)** name, address and telephone number:

I, _____, do hereby affirm that the above allegations made by me in this citizen's complaint report, are to the best of my knowledge and belief, true and based on fact.

Complainant's Signature

Supervisor Receiving Complaint

Date Received

