



JACKSON COUNTY SHERIFF'S DEPARTMENT

Mike Ezell
Sheriff

John Ledbetter
Chief Deputy

PERSONNEL OFFICIAL COMPLAINT PROCEDURE

The Jackson County Sheriff's Department will investigate all complaints made against the department or its personnel, thoroughly, completely and impartially. A proper relationship between the department and the citizens we serve, fostered by trust and confidence, is essential to effective law enforcement efforts.

The Jackson County Sheriff's Department ensures the proper relationship provides people with a fair and effective method to address legitimate complaints against Department personnel and to protect officers and employees from false charges of misconduct or wrongdoing.

It is preferred that you speak with a supervisor when you file a complaint. We do this to ensure that we obtain all the necessary information that we will need to fully and impartially investigate your complaint, as well as expedite the resolution of any complaints.

If you do not want to speak with a supervisor, you are able to file a written complaint against an employee or officer by fully and accurately completing the attached complaint form. We ask that you print neatly or type the form if possible. An electronic version of this form is available online at <https://www.co.jackson.ms.us/DocumentCenter/View/342/Personal-Complaint-Form-PDF>

This form is also on the Jackson County Sheriff's Department Mobile Phone App.

If you need help with the complaint form, which is attached, you may contact Major Michael Wright at (228) 769-3432 x52413 (Enforcement Division Major). Major Wright will assist you with any questions you may have. When you have completed the complaint form, you can return it to the Sheriff's Department in any of the following ways:

- Drop it off at the Jackson County Sheriff's Department front desk in a sealed envelope;
- Mail it to the Jackson County Sheriff's Department in a sealed envelope (PO Box 998, Pascagoula, MS 39568);
- Email it to the Jackson County Sheriff's Department to Michael.Wright@co.jackson.ms.us

The Jackson County Sheriff's Department will assign your complaint to a supervisor to investigate. The supervisor will contact you and send you a receipt for your complaint. You can contact that supervisor at any time to follow the progress of your complaint. The Sheriff will send you a letter notifying you of the conclusion of the investigation and any action taken.

It certainly is unfortunate that you had the occasion to be less than satisfied with a member of our department, and we certainly hope that all future contacts with members of our department are positive ones.



Jackson County Sheriff's Department Official Personnel Complaint Form

PERSONNEL COMPLAINT REPORT RECEIPT

On (date) _____, (Complainant's Name Printed) _____
filed a complaint with the Jackson County Sheriff's Department concerning the conduct of
_____.

This was in reference to an incident which occurred on (date) _____ and was
documented in report/citation number _____. This form acknowledges
receipt of the complaint. You should be aware of the following:

1. The Jackson County Sheriff's Department investigates all complaints in an impartial manner.
2. The Department will investigate this allegation as an administrative matter (violation of Department policy) unless there is evidence that a crime was committed.
3. In administrative investigations, the burden of proof is "preponderance of the evidence."
4. Sworn statements may have to be taken from me or other persons who might be witnesses.
5. I will be notified of the status of my complaint during the course of the investigation and at the conclusion.
6. The accused officer or employee has rights that the Department cannot violate during the investigation.
7. I have received a copy of the completed initial Personnel Complaint Report.
8. If I have any further questions, I can call and speak with the supervisor listed herein.

Signature of person filing complaint (if feasible):

Date

Supervisor receiving complaint:

Printed name: _____

Signature: _____



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Name of Complainant		DOB:	
Address		Phone: (H)	(C)
When is the best time to contact you?			
Who is the complaint made against?			

**IF THE PERSON'S NAME IS UNKNOWN, DESCRIBE THAT PERSON
BELOW**

Date of Incident	Time of Occurrence	Case # (If known)
Location of Incident Occurrence		

Describe in detail as to what occurred and be specific as to what was said. Include detailed information (name, address, phone) of witnesses to incident.



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I declare this to be a true and accurate report and the information therein to be factual. I further understand that I may be criminally charged for filing a false report, under Mississippi Code Title 97. Crimes § 97-35-47. False report of crime.

Signature of Person Filing Complaint	Date
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