

MISSISSIPPI BAIL AGENTS ASSOCIATION

PO Box 2689
Jackson, MS 39207-2689
Office: (601) 899-8599 Fax: (601)-899-8598

PLEASE READ THE FOLLOWING STATEMENT BEFORE COMPLETING THIS FORM:

One of the principal duties of the Mississippi Bail Agents Association is to investigate any violation of law by bondsmen or bondsmen's employees. The person making a complaint should be aware of his or her responsibilities when filing a complaint with the Bail Association.

- The Bail Association cannot initiate an investigation without the receipt of a sworn complaint. Any complaint must be sworn before it is valid.
- This complaint becomes part of the Association's proceedings and records and, as such, is confidential.
- It is a crime for any person to willfully and knowingly file a false complaint or to reveal the existence of this confidential complaint to anyone other than the representatives of the Mississippi Bail Agents Association, Ethic committee.
- Initial complaints will remain confidential.

I. PERSON MAKING COMPLAINT (complainant):

Name: _____
(Last) (First) (Middle)

Address: _____
(Street No., Route) (City) (Zip Code)

Telephone No.: _____
(Area Code, Prefix, Number)

II. PERSON AGAINST WHOM COMPLAINT IS MADE (Respondent)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street No., Route) (City) (Zip Code)

Title or Position: _____

III. ALLEGATIONS AND STATEMENTS OF FACTS:

On the next page: In your own words, please provide a description of the violations of law which you believe have occurred. The description should include the alleged violation and any details relating to it, such as names, dates, places and amounts of money, where possible and where applicable. Also, when submitting this complaint be sure to attach any paperwork or proof that will help validate your complaint (send copies, not originals).

IV. I have read the statement on page 1. Further, having understood them, I do certify that the statement, matters and allegations set forth in page 2 and foregoing complaint are true and correct to the best of my knowledge, information and belief and are made of my own free will.

(Date)

(Complainant's Signature)

V. Subscribed and sworn before me by the said complainant, this _____ day of _____
20____, to certify which witness my hand and seal of office.

(Seal)

(Signature of Notary Public)