Instructions on Submitting a Drug Court Incident Report

The Administrative Office of Courts takes any and all allegations of illegal, inappropriate activity, or misconduct by a drug court program or its staff very seriously. All Drug Court Incident Reports submitted to the Administrative Office of Courts shall be reviewed and investigated appropriately. If illegal, inappropriate activity, or misconduct is determined to have taken place, the Administrative Office of Courts shall seek remedy to the situation through all appropriate means.

To submit a Drug Court Incident Report, please fill out the below form to the best of your knowledge. Details of the incident are critical so please be sure to include information such as dates, times, and witnesses on the report. Once the report is completed, please print out the form, and be sure to sign and date.

Remember, in order for the report to be considered valid, the person submitting the report (complainant) must sign and date the form attesting that all information contained within the report is true and accurate.

The completed Drug Court Incident Report should be mailed to:

Administrative Office of Courts
Attn: Drug Court
P.O. Box 117
Jackson, MS 39205

The Administrative Office of Courts acknowledges its lack of authority to intervene directly into an individual's case and therefore, shall make no effort to interfere in the Judge's discretion in ruling on matters before the court. Any and all investigations into the incident shall focus on the alleged misconduct by the drug court and/or its staff.

Administrative Office of Courts

Drug Court Incident Report

Person Making Complaint (Complainant)

Full Name (required):	
Email Address (required):	
Address 1:	
Address 2:	
City:	
State:	
Zip Code:	
Work Phone:	Cell Phone:

Person(s) or Entity Whom Complaint is Made (Subject)

Full Name (required):	
Email Address:	
Address 1:	
Address 2:	
City:	
State:	
Zip Code:	
Work Phone:	Cell Phone:

Did You Observe the Incident to Which this Complaint is Made?

YES ☐ NO ☐

If So, Are You Willing To Sign A Sworn Statement About the Incident?

YES ☐ NO ☐

In your own words, please describe the incident which you observed. The description should include the alleged violation and any details relating to it, such as names, dates, locations and additional witnesses.
(Filing a False Report in the State of Mississippi is a crime)

By signing this document, I attest that all information submitted is true and accurate.

Complainant Signature_____

Date_____