Complaint Processing Form

Last Name:	First Name:	MI:	Home Phone #:	Cell Phone #:

Mailing Address:	City:	State:	Zip:	Email Address:

Date of Incident:	Location of Incident:

Time of Incident:	Report Number of Incident:	Citation #:

Name of Employees:	Badge #	How Involved? (Committed act or witness)
1.		
2.		
3.		
4.		
5.		

Witness Information

Last Name:	First Name:	MI:	Home Phone #:	Cell Phone #:

Mailing Address:	City:	State:	Zip:	Email Address:

Last Name:	First Name:	MI:	Home Phone #:	Cell Phone #:

Mailing Address:	City:	State:	Zip:	Email Address:

Statement

Clearly and chronologically state what happened, ensuring that you articulate the conduct, facts and evidence in support of your allegation(s). Please sign all pages that bear your statement and initial all corrections. Please include any available witness information including addresses and phone numbers.

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Filing a false complaint against a police employee is a violation of the Texas Penal Code, Section 37.02. If a person knowingly and intentionally makes a false statement under oath, or swears to the truth of a false statement previously made under oath, a person may be found guilty and punished by a fine up to $4,000, confinement in jail up to one year, or by both fine and imprisonment.

I have read each page of this statement consisting of _____ page(s). Corrections, if any bear my initials. I certify the facts contained herein are true and correct.

_____ _____

Signature Date

Statement Continuation

Please sign and date each page that bears your statement and initial all corrections

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I have read each page of this statement consisting of _____ page(s). Corrections, if any bear my initials. I certify the facts contained herein are true and correct.

_____ _____

Signature Date