

**Office Of Police Oversight
CITIZEN'S COMPLAINT FORM**

Citizen Name: _____ Complainant Witness

Race/Sex/Date of Birth _____/_____/_____

Driver License or ID Number # _____/State: _____

Home Street Address _____

City/ State/ Zip Code _____/_____/_____

Contact Phone Number _____ home cell _____
best times to call

E-Mail _____

Date of Incident _____

Time of Incident _____

Location of Incident (address) _____

In your own words, describe the exact nature of the complaint. Begin with the date and location of the incident, then construct the facts in chronological order. Include description of officer (name and badge# if known). Please print or write legibly.

Electronic Complaint Submission

Sign the completed form electronically and return to the Office Of Police Oversight by clicking here :

Paper Complaint Submission

Print a copy of the form and sign then send to one of the below address.

E-Mail:

Fax:

Telephone: 214-670-8283

Signature

Date

Logged in by:

Employee Name, ID#