



Citizen Complaint Form

It is the policy of the Farmersville ISD Police Department to fully investigate any legitimate complaint against any member of this department.

A "complaint" is an act of expressed dissatisfaction that relates to department operations, policies, and procedures or an employee's personal conduct or unlawful acts. A disagreement over the validity of a traffic or parking citation is not grounds for the initiation of a personal complaint. Those matters are for adjudication by the proper court system.

Attached is a Citizen Complaint Form. Please fill out the form completely and legibly. The form must be filled out by the individual directly impacted by the actions of the department employee and not a secondary party. After completing the form, you may request to speak to an on-duty Supervisor. If the on-duty Supervisor cannot resolve your complaint, it will be forwarded to the appropriate department official for review and/or investigation.

Lastly, please realize that to ensure a thorough review/investigation of your complaint, it may become necessary for you to be contacted and/or meet with the representatives of this department to discuss this complaint in detail.

You have the option to submit your form to any available supervisor in person at the Farmersville ISD Police Department. Or you may also submit your form directly to the Chief of Police; phone number 972-782-6601.

Respectfully,

Chief Steve Wade
Farmersville ISD Police Department



Citizen Complaint Form

Complainant Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Location of Incident: _____

Name(s) of Department Employees Involved (if known): _____

Have you reported this to other officers? YES NO If so, whom? _____

Did you receive a citation? YES NO If yes, list citation number: _____

Were you arrested? YES NO If yes, what was the charge? _____

WITNESS (If Applicable)

Witness #1 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Witness #2 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____



Acknowledgment

Any issue of criminal, traffic, or civil law relating to the complaint will be handled by the appropriate court system. This department will only conduct a review/investigation to determine if a violation of law or departmental rules and regulations occurred.

I, _____, do hereby affirm that the foregoing information provided by me is accurate and true to the best of my knowledge. I also understand that statements given by me, both oral and written, can be used in a court of law.

I realize to ensure a thorough investigation of this matter, it may become necessary for me to be contacted and/or meet with representatives of the Farmersville ISD Police Department for the purposes of discussing this incident in detail. I hereby agree to make myself available for future contact and/or meetings.

Complainant Signature:

Witness Signature:

Date: _____

Time: _____

AM/PM

****** TO BE FILLED OUT BY DEPARTMENT PERSONNEL ******

Employee Receiving Complaint: _____

Badge #: _____ **Date Received:** _____

Time Received: _____ **AM/PM**

Employee Signature: _____

