

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



501A State Highway 78 N., Farmersville, TX 75442 🜟 (972) 782-6645 🜟 www.farmersvilleisd.org

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 Emplo				
Have you reported this to other				
Did you receive a citation?	/ES NO If yes, list citation	n number:		
Were you arrested? YES	NO If yes, what was the cha	arge?		
WITNESS (If Applicable)				
Witness #1 Name:				
Home Address:				
Home Phone:	Cell Phone:	Other:		
Witness #2 Name:				
Home Address:				
Home Phone:	Cell Phone:	Other:		



Statement of Incident

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Statement of Incident - Page 2 (If Needed)



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.
,, 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
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: