



# EISD Police Department Citizen Complaint Form

(To Be Completed by Person Registering Complaint)

<b>Complainant Name:</b>		<b>Race/Sex:</b>	<b>Date of Birth:</b>
<b>Address:</b>		<b>City/ST/Zip:</b>	
<b>☎ Best Contact Number to Call:</b>  (     ) -     - <b>Ext:</b>	<b>⌚ Best Time to Call:</b>	<b>Email Address:</b>	

### WITNESS INFORMATION

<b>Name:</b>	<b>Address:</b>	<b>Phone#:</b>
<b>Name</b>	<b>Address:</b>	<b>Phone #</b>
<b>Name:</b>	<b>Address:</b>	<b>Phone#:</b>
<b>Name</b>	<b>Address:</b>	<b>Phone #</b>

### OFFICER/EMPLOYEE INFORMATION

<b>Name:</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name:</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name</b>	<b>Badge/ID#</b>	<b>Car#</b>

### INCIDENT DETAILS

<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>Police Report# (if known):</b>
<b>Location of Incident:</b>		

### NARRATIVE

*(Please Print Synopsis of Complaint)*


*(Continue in shaded area on other page)*

