

CITIZEN COMPLAINT FORM

The City of Foristell takes complaints against members of its Police Department seriously. In order to help us investigate your claim fully, please complete as much of this form as possible.

Before filing your complaint, you should be aware of the following: The City of Foristell will not accept anonymous complaints because it is not possible to fully and fairly investigate such complaints. Therefore, you must provide your name and contact information. Any delay in reporting incidents hinders the Department's ability to investigate your complaint. If you are unable to fill out this form without assistance, please inform the Supervisor or Chief of Police who will insure that you receive assistance. You must sign the complaint stating that the information you have provided is true and correct to the best of your knowledge. Since these claims are taken seriously and officers are required to investigate these claims, if you knowingly file a false complaint, you can be charged with filing a false police report and face a civil lawsuit from the officer.

INFORMATION ABOUT YOU

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Business phone: _____ ext. _____

Cell phone: _____ E-mail address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

Date of Birth: _____

Are you complaining about an incident that happened to you: Yes [] No []

Are you complaining about an incident you witnessed: Yes [] No []

WITNESSES (anyone other than you and the person/people you are complaining about who saw or has information about what happened)

WITNESS 1

Name:

Street Address:

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ ext. _____

Cell phone: _____ E-mail address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

Date of Birth: _____

Do you know this person, and if so, how do you know him/her:

WITNESS 2

Name:

Street Address:

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ ext. _____

Cell phone: _____ E-mail address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

Date of Birth: _____

Do you know this person, and if so, how do you know him/her:

INFORMATION ABOUT THE OFFICER(S) / POLICE DEPARTMENT EMPLOYEE(S) WHO WERE INVOLVED

OFFICER 1:

Are you complaining about this person? Yes [] No []

Name: _____ Rank: _____

Was the officer in: Plain clothes [] or Uniform []

Was the officer: On Foot [] In a Marked Police Car [] In an Unmarked Car [] (describe)

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (approx. height and build, age, eye color, hair style and color, etc):

Please describe the role of this officer in the incident: (i.e. is this the main person you're complaining about, was this person a witness, etc)

OFFICER 2:

Are you complaining about this person? Yes [] No []

Name: _____ Rank: _____

Was the officer in: Plain clothes [] or Uniform []

Was the officer: On Foot [] In a Marked Police Car [] In an Unmarked Car [] (describe)

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (approx. height and build, age, eye color, hair style and color, etc):

Please describe the role of this officer in the incident: (i.e. is this the main person you're complaining about, was this person a witness, etc)

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident:

Circumstances of the incident:

Were you or someone else arrested? Yes [] No [] If yes, who _____

Reason for the arrest _____

Were charges filed? _____ What was the outcome? _____

Is there currently an active criminal proceeding associated with the incident? Yes [] No []

If yes, what is the case name or number?

Did you receive a ticket / citation? Yes [] No []

If yes, what was the ticket/citation for? _____

Did the officer conduct a search of your premises or your vehicle? Yes [] No []

Were you under the influence of drugs or alcohol at the time of the incident? Yes [] No []

Were you injured at the time of the incident? Yes [] No []

Did the injury occur as a result of the incident? Yes [] No []

Did you go to the hospital or did you receive other medical care? Yes [] No []

Did either you or the officer use any weapons or apply any type of force? Yes [] No []

If yes, describe _____

Description of the Incident:

(Please provide as much detail as possible. You may attach additional sheets, if necessary)

Affirmation and Acknowledgement

I have read (or have had read to me) the statements and information contained in this Citizen Complaint Form and it is true to the best of my knowledge, information and belief.

Complainant Signature: _____

Complainant Name (please print): _____

Date: _____