



Cedar Hill ISD Police Department Citizen Complaint Form



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

WITNESS INFORMATION

Name:	Address:	Phone#:
Name	Address:	Phone #
Name:	Address:	Phone#:
Name	Address:	Phone #

OFFICER/EMPLOYEE INFORMATION

Name:	Badge/ID#	Car#
Name	Badge/ID#	Car#
Name:	Badge/ID#	Car#
Name	Badge/ID#	Car#

INCIDENT DETAILS

Date of Incident:	Time of Incident:	Police Report# (if known):
Location of Incident:		

NARRATIVE

(Please Print Synopsis of Complaint)

(Continue in shaded area on other page)

NARRATIVE (CONT'D)

“37.02 Perjury.--A person commits an offense if, with the intent to deceive and with knowledge of the statement's meaning: makes a false statement under oath or swears to the truth of a false statement previously made and the statement is required or authorized by law to be made under oath; or makes a false unsworn declaration under Chapter 132, Civil Practice and Remedies Code.”

I, _____, do hereby swear or affirm, under penalty of perjury, that the allegations made by me in this Complaint Form are,
(Print Name)
to the best of my knowledge and belief, true and correct.

Signature of Complainant
(Parent or Guardian if Minor)

This form can be returned by email, mail, or in person to the CHISD Police Department at the following:

Email:
chisdpd@chisd.net
Phone: 469-272-2088
Fax: 972-293-2395

Mail:
P.O. BOX 248
Cedar Hill, TX 75104

In Person:
504 East Beltline Rd
Cedar Hill, TX 75104

AUTHORIZATION FOR ADMINISTRATIVE INVESTIGATION
(Office of Internal Affairs Use Only)

Authorizing Member: _____ **Date Received:** _____
(Chief of Police or Designee)

Assign to Supervisor Assign to Office of Internal Affairs Other/See Attached Information

IA Tracking Number: _____
IA Receiving Member: _____ **Date Received:** _____
Assigned to: _____ **Date Assigned:** _____