Dallas ISD Police Department
Office of Internal Affairs
2500 S. Ervay St.
Dallas, Texas 75215
(972) 749-2300

Dallas ISD Police Department
Citizen Complaint Form

(To Be Completed by Person Registering Complaint)

Complainant Name:		Sex:		Race:		Date of Birth:	
Address:		City:		State:		Zip Code:	
Phone Number:		Best Time to Call:		E-Mail:			

Witness Information

Name:		Address:		Phone Number:	
Name:		Address:		Phone Number:	
Name:		Address:		Phone Number:	
Name:		Address:		Phone Number:	

Officer/Employee Information

Name:		Badge/ID Number:		Car Number:	
Name:		Badge/ID Number:		Car Number:	
Name:		Badge/ID Number:		Car Number:	
Name:		Badge/ID Number:		Car Number:	

Incident Details

Date of Incident:		Time of Incident:		Police Report:	
Location of Incident:					

Narrative

Narrative Continued

***"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)

STATE OF TEXAS
COUNTY OF DALLAS

Sworn to and subscribed before me this _____ day of _____, 20__, by _____.

☐ Personally Known to Me
☐ Produced Identification

_____
Law Enforcement Officer (Signature and Badge/Id #)

_____
Notary Public in and for Dallas County, Texas
My Commission Expires: _____

[NOTARY SEAL ABOVE]

AUTHORIZATION FOR ADMINSTRATIVE 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:** _____