

ARGYLE ISD POLICE DEPARTMENT

6601 CANYON FALLS DRIVE, ARGYLE, TEXAS 76226
940-464-7241

Eli Davis
Chief of Police

Dr. Courtney Carpenter
Superintendent



FORMAL WRITTEN COMPLAINT AGAINST AN ARGYLE ISD POLICE OFFICER

LEGAL PROCESS

This form is provided in compliance with the **Texas Government Code, Section 614.022**, which requires complaints against law enforcement officers to be in writing and signed by the person making the complaint. Complaints must be completed in full to be considered valid.

Texas Government Code, Section 614.023 requires a copy of complaint to be given to the officer or employee within a reasonable time after the complaint is filed. Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.

FORMAL COMPLAINT PROCESS

The formal complaint process is designed to address each case with fairness and factual accuracy. Citizens who file formal complaints are treated with respect, and their concerns are taken seriously. Every formal complaint is thoroughly investigated, with findings based solely on impartial evidence gathered during the investigation. Formal complaints can be filed against any employee of this agency.

Formal complaints must be submitted in writing, signed by the complainant, and notarized. Upon completion of the investigation, formal complaints will receive a written response. Formal complaints may also be submitted anonymously without providing a name. However, anonymous complainants cannot be informed of the results of the internal review. Once the investigation concludes, the complaint will be categorized under one of the following dispositions:

- **Unfounded:** The reported incident did not occur, or the employee was not involved.
- **Exonerated:** The incident occurred, but the actions of the employee were lawful and appropriate.
- **Not Sustained:** There is insufficient evidence to prove or disprove the allegation.
- **Sustained:** There is sufficient evidence to prove the allegation.

If allegations are sustained, potential outcomes may include additional training, counseling, a written reprimand, suspension, and/or termination.

Although employees named in a formal complaint will, at some point, be required to respond to the specific allegation(s), they are not permitted access to cases under investigation.

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Complainants need not be concerned that they will be subject to retribution for legitimately stating a formal complaint. Final determination about the disposition of a formal complaint will be made by the Chief of Police. If you would like to file a formal complaint against any employee of the Argyle ISD Police Department, complete the attached Formal Written Complaint Form. Formal complaints may be submitted via any of the channels listed below:

eli.davis@argyleisd.com

sealed envelope addressed to the Argyle ISD Police Department

Argyle ISD Dr. Telen L. Wright Administration Building

6701 Canyon Falls Drive

Flower Mound, Tx 76226

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FORMAL WRITTEN COMPLAINT FORM

Please complete this form using additional pages if needed. The form is not considered complete nor will it be accepted until you have it notarized. The Argyle ISD Police Department takes all allegations seriously and we strive to be objective. You will be contacted with the outcome of the complaint.

Please be aware that this Officer Complaint Form is classified as a government document and that providing a false statement constitutes a violation of **Texas Penal Code, Section 37.10**. If it is determined that you provided a false statement in this form, you will be prosecuted by this agency to the fullest extent of the law.

PERSON MAKING THE COMPLAINT

LAST			FIRST		MIDDLE
SEX	RACE	DOB	DRIVERS LICENSE #	DL STATE	
HOME PHONE			WORK PHONE	CELL PHONE	
EMAIL					
ADDRESS/CITY/ZIP CODE					

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INCIDENT

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

NAME OR DESCRIPTION OF OFFICER(S) INVOLVED

PERSON DIRECTLY AFFECTED BY THIS INCIDENT

LAST			FIRST		MIDDLE
SEX	RACE	DOB	DRIVERS LICENSE #	DL STATE	
HOME PHONE			WORK PHONE	CELL PHONE	
EMAIL					
ADDRESS/CITY/ZIP CODE					

HOW WAS THIS PERSON AFFECTED (ARRESTED, JAILED, INJURED, QUESTIONED, OTHER, ETC.)
WHAT IS YOUR STANDING TO MAKE THIS COMPLAINT? (PERSON AFFECTED, CONCERNED CITIZEN, PARENT, OTHER, ETC.)

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WHAT DID THE OFFICER DO THAT PROMPTED YOU TO MAKE THIS COMPLAINT; (VIOLATED A LAW (BE SPECIFIC), MADE ILLEGAL STOP, CONDUCTED ILLEGAL SEARCH, UNPROFESSIONALISM, UNNECESSARY FORCE, ETC.)

Empty space for providing details of the complaint.

PLEASE WRITE A BRIEF NARRATIVE OF YOUR COMPLAINT (IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE PAGE TO THIS FORM). TYPED ATTACHMENTS ARE ALSO ACCEPTABLE.

Empty space for providing a brief narrative of the complaint.

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PERSON MAKING THE COMPLAINT

LAST	FIRST	MIDDLE

ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY, FALSE REPORT OR CIVIL STATUTES. UNDER PENALTY OF PERJURY THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON THIS COMPLAINT FORM, AND ALL ATTACHMENTS OF THIS DOCUMENT, ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.

Signature of Complainant

On the _____ day of _____ 20 ____
personally appeared _____ who on their oath stated the
above facts were true and correct.

(Seal)

Notary

Signature of AISD Official Receiving Complaint

Date Received