



CITIZEN'S COMPLAINT FORM

To file a complaint, please complete all the items on this form describing briefly the incident that involved you and an officer of the LCISD Police Department. This form must be notarized; notary service is available at the office of police department. An investigator in the office of the Professional Standards will review the completed form and speak with you. You may also mail the notarized form to:

**Att: Chief of Police
LCISD Police Department
3911 Avenue I,
Rosenberg, TX 77471**

| | | | |
|---|-----------------------------------|---|--|
| Your Name: _____ | | Today's Date: _____ | |
| RACE | | Address: _____ | |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic | City: _____ State: _____ Zip: _____ | |
| <input type="checkbox"/> Asian/Filipino | <input type="checkbox"/> Anglo | Home Phone: _____ Work Phone: _____ | |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other | DOB: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | |

Provide as much information as you can about the incident.

| | | |
|---|---------------------------|--------------------------------|
| Date of Incident: _____ | Time (A.M. or P.M.) _____ | Place: _____ |
| Name of Officer(s) involved: _____ | | Badge Number of Officer: _____ |
| _____ | | Badge Number of Officer: _____ |
| Officer's Race, Ethnicity: _____ | | |
| (1) Name of Witness: _____ | | |
| Address: _____ | | |
| _____ | | |
| Home Phone Number: _____ Work/Other Phone Number: _____ | | |
| (2) Name of Witness: _____ | | |
| Address: _____ | | |
| _____ | | |
| Home Phone Number: _____ Work/Other Phone Number: _____ | | |

Use the space provided on the other side of this form to describe what occurred.

