

CITIZEN COMPLAINT FORM

Office Use Only Date and Time Received _____ Initials _____
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Instructions:

- 1. Fill out form. Please write legibly. (For language assistance, call 398-4401. For TTY/TDD, 398-4401.)
- 2. Submit the form to the Lockhart Police Department, 214 Bufkin Lane, Lockhart, Texas 78644.
- 3. You will be contacted for a follow-up interview.

Name: _____ Date _____

Date of Birth: _____ Sex: _____ Race: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Location or Address where Incident Occurred: _____

Date of Incident: _____ Time: _____ a.m./p.m. Was Someone Arrested? Yes No

Name of Person(s) Arrested: _____

Witness Name: _____ Phone: _____

Witness Address: _____

Name of Officer(s) Involved: _____

Briefly describe what happened (attach additional sheets of paper if needed): _____

How would you like to see this complaint resolved? _____
