

# CITIZEN COMPLAINT FORM

Office Use Only Date and Time Received _____ Initials _____
----------------------------------------------------------------

**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? \_\_\_\_\_

\_\_\_\_\_