

**CRYSTAL CITY
POLICE DEPARTMENT**



CITIZEN COMPLAINT FORM

Crystal City Police Department
101 E. Dimmit St.
Crystal City, TX 78839
(830) 374-2381

My name is: (Mr./Mrs./Ms/)
_____ (First) (Middle) (Last)

I live at: _____

My phone number is: _____ between _____ AM/PM and _____ AM/PM

My complaint is regarding Officer: _____
Badge#: _____
Car#: _____

Location of Incident: _____
At approximately (time): _____ AM/PM, the following occurred: _____

(Attach any additional necessary sheets)

I UNDERSTAND, AND IT IS MY DESIRE, THAT THIS COMPLAINT WILL BE INVESTIGATED DILIGENTLY AND I DECLARE THAT THE STATEMENTS CONTAINED IN THIS COMPLAINT ARE TRUTHFUL AND UNDERSTAND THAT IF NOT I MAY BE INVESTIGATED UNDER PENAL CODE SEC. 37.02 (PERJURY) WHICH IS A CRIMINAL OFFENSE.

DATE

SIGNATURE

This form, when completed, may be left with the on-duty Crystal City Police Department Supervisor or mailed directly to:
Chief Rafael B. Perez, c/o Crystal City Police Department 101 E. Dimmit St, Crystal City, TX 78839.

IT IS A MISDEMEANOR TO WILLFULLY STATE AS TRUE, ANY MATERIAL MATTER WHICH YOU KNOW IS FALSE.

Signature of Parent/Guardian (If Complaint is under 18)