DALLAS POLICE DEPARTMENT

CITIZEN'S COMPLAINT FORM

Complaint Number: _____
(To be assigned by I.A.D.)

Per State Law (VCS 614), the person who was wronged must file a signed complaint for an investigation to be conducted. This form is provided to assist citizens with the formal complaint process. Per current DPD policy, complaints must generally be made within 60-days of the incident unless special circumstances exist. Witnesses may also use this form to provide information on incidents.

Citizen Name: _____ ☐ Complainant ☐ Witness

Race/Sex/Date of Birth _____/_____/_____

Driver License or ID Number #_____/State:_____

Home Street Address _____

City/ State/ Zip Code _____/_____/_____

Contact Phone Number _____ ☐ home ☐ cell _____ best times to call

E-Mail _____

Date of Incident _____

Time of Incident _____

Location of Incident (address) _____

In your own words, describe <u>the exact nature of the complaint</u>. Begin with the date and location of the incident, then construct the facts in chronological order. Include description of officer (name and badge# if known). Please print or write legibly.

(additional pages can be printed and attached-please sign and date each page)

_____
Signature

_____
Date

Ways to register your complaint. Sign the completed form and return to the Dallas Police Department by:

E-Mail: DPDIAD@dallascityhall.com
Fax: 214-670-8219
Mail: Dallas Police Department
Internal Affairs Division
1400 South Lamar Street
Dallas, Texas 75125

Logged in by:

_____
Employee Name, ID#

***You may also give your signed letter to an on-duty police supervisor at any City of Dallas police facility.**