



## FARMERSVILLE POLICE DEPARTMENT CITIZEN COMPLAINT FORM

The Farmersville Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable. During the course of an investigation, the assigned supervisor shall notify you concerning the status of the complaint. The Office of the Chief of Police will also notify you of the findings of the investigation conducted by the department. **PLEASE REVIEW THE ATTACHED COVER SHEET FOR ADDITIONAL INFORMATION.**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Date of Incident: \_\_\_ / \_\_\_ / \_\_\_ Time of Incident: \_\_\_\_\_ AM or PM?

Location of the Incident: \_\_\_\_\_

Name or Description of Officer or Vehicle: \_\_\_\_\_

Reasons for the Complaint: \_\_\_\_\_

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**For Internal Use Only: To be completed by the Supervisor Receiving the Complaint**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Badge #: \_\_\_\_\_

Related Incident Report Number: \_\_\_\_\_ Date Report Received \_\_\_/\_\_\_/\_\_\_

Forward original to the Office of the Chief of Police. Cc: Deputy Chief

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**For Internal Use Only: To be completed by the Office of the Chief of Police**

Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_/\_\_\_/\_\_\_

Date Due: \_\_\_/\_\_\_/\_\_\_