



Citizens Complaint Form

To file a complaint, please complete all the items on this form describing in detail the incident that involved you and an employee of the Fulshear Police Department. This form must be notarized; notary service is available at the Fulshear Police Department. This form may be delivered in person or mailed to the Fulshear

Date: _____ Time: _____

Place of Occurrence: _____

Date of Occurrence: _____ Time of Occurrence: _____

Name of the Accused Employee: _____

Citizen's Name: _____

Race: _____ Sex: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Home Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Email Address: _____

Complainant's Signature: _____

AFFIDAVIT

BEFORE ME THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED

_____.

Describe the incident and nature of the complaint:

