



# LA VERNIA POLICE DEPARTMENT CITIZEN'S COMPLAINT FORM

Complaint Number: \_\_\_\_\_

This form is provided to assist citizens with the formal complaint process. 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 the exact nature of the complaint. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**E-Mail:** DKEILLVPD@LAVERNIA-TX.GOV

**Fax:** 830-253-1198

**Mail:**

La Vernia Police Department

P.O. Box 225

La Vernia, TX 78121

Logged in by:

\_\_\_\_\_  
Employee Name