|  |  |
| --- | --- |
|  |  |

**COMPLAINT AGAINST**

**SHERMAN POLICE DEPARTMENT MEMBER**

My name is

My address is

(street address) (city) (state) (zip code)

My phone number is (home) (work)

My date of birth is

My place of employment is

I make this affidavit voluntarily and from my own personal knowledge. I understand that a complaint made against a law enforcement officer of the State of Texas must be signed by the complainant and in writing before it may be considered by the Chief of Police.

I have read this document consisting of pages and the statements contained herein are true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Complaint Submitted

**COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT MEMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Initials

**COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT MEMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Initials