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**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.

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 Complainant’s Signature

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

 Date Complaint Submitted

**COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT MEMBER**

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

Complainant’s Initials

**COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT MEMBER**

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Complainant’s Initials