

SERVICE CASE NUMBER: \_\_\_\_\_  
(For Office Use Only)

DA NUMBER: \_\_\_\_\_  
(For Office Use Only)

RETURN TO:  
**PUBLIC INTEGRITY DIVISION**  
Frank Crowley Courts Building  
133 North Riverfront Blvd., LB19  
Dallas, Texas 75207-4399  
214.653.3714

**SUSAN HAWK**  
CRIMINAL DISTRICT ATTORNEY  
DALLAS COUNTY, TEXAS

**COMPLAINT FORM**

This complaint form is provided to you with the understanding that this office may conduct investigations to determine if a firm or person is in violation of Penal Laws of the State of Texas. We strongly recommend that you consult with your own private attorney to determine your legal rights and civil remedies in this matter.

**(PLEASE TYPE OR PRINT)**

**I. INFORMATON ABOUT THE PERSON OR PARTY YOU ARE COMPLAINING OF:**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Telephone

\_\_\_ RACE:      \_\_\_ SEX:      \_\_\_ HT:      \_\_\_ WT:      \_\_\_ HAIR:      \_\_\_ EYES

:      \_\_\_\_\_ DATE OF BIRTH:      OR) APPROXIMATE AGE:      \_\_\_\_\_

**II. INFORMATION ABOUT YOU:**

1. \_\_\_\_\_  
Your Full Name (and Company Name if Applicable)

\_\_\_\_\_  
Address (Street, City, State, Zip)      Social Security Number

\_\_\_\_\_  
Telephone Numbers (Office & Home)

**III. WITNESS INFORMATION:**

1. WITNESS: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Telephone

2. WITNESS: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Telephone

**IV. INFORMATION ABOUT OFFENSE:**

1. Date of offense: \_\_\_\_\_ Where did offense occur: \_\_\_\_\_

2. What other agencies have you complained to: \_\_\_\_\_

3. Have you complained to the person:      Their reply: \_\_\_\_\_  
\_\_\_\_\_

4. **Please include copies of any related documents.**

**PLEASE PRINT OR TYPE**

**V. FACT DESCRIPTION**

Describe the exact nature of your complaint below and on additional sheets if necessary. Be brief, but complete. Include the name of the individual that you dealt with and dates. If possible, recite facts in the order in which they occurred.

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I certify that the information which I have furnished the District Attorney in this complaint is true and correct to the best of my knowledge and belief, and is furnished for the sole purpose of instituting a criminal prosecution where the investigation indicates criminal activity and not for the purpose of recovering personal property or any other thing of value. I authorize the District Attorney to use the information given in any manner which he deems necessary and proper.

\_\_\_\_\_  
**SIGNATURE OF COMPLAINANT**

**SUBSCRIBED AND SWORN TO** before me this the \_\_\_\_ day of \_\_\_\_\_

A.D., 20 .

(Seal)

\_\_\_\_\_  
Notary Public in and for  
the State of Texas

MY Commission Expires: \_\_\_\_\_