

DALLAS COUNTY MARSHAL SERVICE CITIZEN'S COMPLAINT FORM

Complaint Number:

To be assigned by I.A.

Per State Law (Government Code 614), the person who was wronged must file a signed complaint for an investigation to be conducted. This form is provided to assist citizens with the formal complaint process. Per current DCMS policy, complaints must generally be made within 60-days of incident unless special circumstances exist. 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 _____
E-Mail _____ Best time to call _____
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.**

Complaint Submission

Sign the completed form.

Print a copy of the form and sign then send to one of the below address.

E-Mail: paulette.richardson@dallascounty.org

Fax: 214-653-6372

In Person or Mail: Dallas County Marshal Service
Internal Affairs
600 Commerce St. Suite 750
Dallas, Texas 75202

Signature

Date

Logged in by:

Employee Name, ID#