

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

FAITH JOHNSON
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.**

