control # _____

Sherman
POLICE DEPARTMENT

COMPLAINT AGAINST
SHERMAN POLICE DEPARTMENT EMPLOYEE

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

control # _____

COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT EMPLOYEE

_____

Complainant's Initials

control # _____

COMPLAINT AGAINST SHERMAN POLICE DEPARTMENT EMPLOYEE

_____

Complainant's Initials