JACKSONVILLE POLICE DEPARTMENT

210 W. Larissa Street
Jacksonville, Texas 75766

Ph. 903.586.2549 Fax 903.586.1482

COMPLAINT AGAINST A POLICE DEPARTMENT EMPLOYEE

My name is: _____

My address is: _____

(street address) (city) (state) (zip code)

My phone numbers are _____ or _____

My date of birth is: _____ My driver's license number is: _____

My employer is: _____

I make this affidavit voluntarily from my own personal knowledge. I understand 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 Submitted

COMPLAINT AGAINST A POLICE DEPARTMENT EMPLOYEE

Complainant's Initials: _____

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