



## RICHLAND POLICE DEPARTMENT OFFICER COMPLAINT FORM

FIRST NAME MIDDLE LAST NAME

HOME ADDRESS

WORK ADDRESS

HOME PHONE:  WORK PHONE:

Were you arrested or ticketed for an offense in this incident?  YES  NO

If so, what charges were filed against you?

Officer involved:

If you don't know the name of the officer(s), provide a description of their uniform and/or their police car. This information may be necessary to determine which officer(s) or department you are referring to:

DATE OF INCIDENT:  TIME OF INCIDENT:

INCIDENT LOCATION

Were there any witnesses to the incident?  YES  NO

WITNESS NAMES

WITNESS TELEPHONE NUMBERS

Have you spoken with a supervisor regarding the incident?  YES  NO

SUPERVISOR NAME:

Richland Police Department  
Officer Complaint Form

**NARRATIVE**

Please provide a detailed narrative of the incident.

A large, empty rectangular box with a black border, intended for the user to provide a detailed narrative of the incident.

**CERTIFICATION**

I do solemnly swear or affirm that the allegation(s) made by me in this report are true and correct to the best of my knowledge and belief. I understand that if I make or provide a statement with intent to deceive or make a false statement to a peace officer or law enforcement employee, such an act constitutes a violation of law and that I will be prosecuted to its fullest extent.

“I have been informed that under Section 37.10(a), Texas Penal Code, a person commits an offense if he or she knowingly makes a false entry in or false alteration of a governmental record.”

\_\_\_\_\_  
COMPLAINANT SIGNATURE

\_\_\_\_\_  
COMPLAINANT PRINTED NAME

DATE: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

AFFIX NOTARY SEAL

My Commission Expires:

**FOR DEPARTMENT USE ONLY**

SUPERVISOR RECEIVING COMPLAINT: \_\_\_\_\_

COPY TO COMPLAINANT Date: \_\_\_\_\_ Employee Initial: \_\_\_\_\_

YES  NO

PHOTOGRAPHS  YES  NO

BODY-WORN CAMERA  YES  NO

IN-CAR CAMERA  YES  NO

TO CHIEF OF POLICE Date: \_\_\_\_\_ Employee Initial: \_\_\_\_\_