



FORT BEND COUNTY SHERIFF'S OFFICE
CITIZEN COMPLAINT FORM



COMPLAINANT INFORMATION:

NAME: _____ D.O.B _____

DRIVER'S LICENSE NUMBER/ID CARD _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE (CELL, etc...): _____

Email: _____

COMPLAINT FILED AGAINST:

EMPLOYEE'S NAME(S): _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____



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DETAILS OF INCIDENT:

Series of horizontal lines for writing incident details.

Check if additional pages attached



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NOTICE TO COMPLAINANT

**This is a Governmental Record
Pursuant to Section 37.10 of the Texas Penal Code
It is unlawful to make a false entry on a governmental record.**

Complainant's Printed Name

Complainant's Signature

Date

Person Receiving Complaint Printed Name*

of pages**

Signature of Person Receiving Complaint

Date

**This is the FBCSO employee who initially receives written and signed complaint from complainant*

***Enter total # of pages submitted for this complaint*

Complaint forms may be returned in person or by the following:

Mail to

*Fort Bend County Sheriff's Office
1840 Richmond Parkway
Richmond, TX. 77469
Attn: Internal Affairs*

Fax to 832-471-2488

Email to internalaffairsfbcso@fortbendcountytexas.gov