



**\*\*\*CONFIDENTIAL\*\*\***  
**FORT BEND COUNTY FIRE  
MARSHAL OFFICE**  
**CITIZEN COMPLAINT FORM**

Address: 1521 Eugene Heimann Circle #114, Richmond, TX 77469

All complaints concerning Fort Bend County Fire Marshal personnel are taken seriously and will be investigated thoroughly and impartially. Persons wishing to make a formal complaint against a department employee must submit this completed form. The form must be written legibly or typed. When completed, the form may be taken directly to the Fort Bend County Fire Marshal Office or mailed to the address above. An investigator will review the completed form and speak with you, **after which time** this form must be sworn to and notarized.

The mere filing of this complaint does not substantiate the allegations. If an investigation determines the employee acted improperly, disciplinary action will be taken. You will be notified of the results when the investigation is complete.

**TEXAS GOVERNMENT CODE**

**Complaints Against Law Enforcement Officer or Firefighter**

**Sec. 614.022 Complaint to be in Writing and Signed by Complainant.** To be considered by the head of a state agency or by the head of a fire department or local law enforcement agency, the complaint must be: (1) in writing; and (2) signed by the person making the complaint.

**Sec. 614.023 Copy of Complaint to be Given to Officer or Employee.** (a) A copy of a signed complaint against a law enforcement officer of this state or a firefighter, detention officer, county jailer, or peace officer appointed or employed by a political subdivision of this state shall be given to the officer or employee within a reasonable time after the complaint is filed. (b) Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.

**TEXAS PENAL CODE**

**Perjury and Other Falsifications**

**Sec. 37.08 False Report to Peace Officer or Law Enforcement Employee – Class B Misdemeanor**  
(a) A person commits an offense if, with the intent to deceive, he knowingly makes a false statement that is material to a criminal investigation and makes the statement to: (1) A Peace Officer conducting the investigation; or (2) any employee of a law enforcement agency that is authorized by the agency to conduct the investigation and that the actor knows is conducting the investigation.

I affirm that I have read and understand the above information. I hereby wish to file an official complaint and swear the information on the following pages is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Printed Name of Complainant

\_\_\_\_\_  
Date and Time

**Fort Bend County Fire Marshal Office**  
**CITIZEN COMPLAINT FORM**  
**AFFIDAVIT AND STATEMENT**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Male  Female  
Your Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide as much information as you can about the incident.  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
Location: \_\_\_\_\_

If you do not know the officer's name and/or badge #,  
please give a physical description in the space below, including race and sex.

Officer(s) Involved: _____	Badge #: _____
Officer(s) Involved: _____	Badge #: _____
Officer(s) Involved: _____	Badge #: _____
Officer(s) Involved: _____	Badge #: _____
Officer(s) Involved: _____	Badge #: _____

If another witness of any kind was present, please list them here as described above.

Witness: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Witness: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Witness: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Do you have criminal and/or traffic complaints pending from this incident?  
If yes, please list: \_\_\_\_\_

Do you have any evidence which you wish to present with this complaint?  
If yes, please list: \_\_\_\_\_

What type of complaint are you filing?

<input type="checkbox"/> Service Complaint (Dissatisfaction with police service)	<input type="checkbox"/> Inappropriate Conduct
<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Rudeness
<input type="checkbox"/> Alleged Criminal Conduct	<input type="checkbox"/> Other

Signature: \_\_\_\_\_



