

**CORSICANA ISD POLICE
DEPARTMENT
COMPLAINT FORM**

Complaint Number: _____

Per State Law (VCS 614), the person who was wronged must file a signed complaint for an investigation to be conducted. This form is provided to assist citizens with the formal complaint process. Per current CISD policy, complaints must generally be made within 60-days of the incident unless special circumstances exist. Witnesses may also use this form to provide information on incidents.

Citizen Name: _____ Complainant Witness

Race/Sex/Date of Birth _____/_____/_____

Driver License or ID Number # _____/State: _____

Home Street Address _____

City/ State/ Zip Code _____/_____/_____

Contact Phone Number _____ home cell _____
best times to call

E-Mail _____

Date of Incident _____

Time of Incident _____

Location of Incident (address) _____

In your own words, describe the exact nature of the complaint. Begin with the date and location of the incident, then construct the facts in chronological order. Include description of officer (name and badge# if known). Please print or write legibly.

Signature

Paper Complaint Submission

Print a copy of the form, sign then send to the below address.

E-Mail: sstephens@cisd.org

Fax: 903-874-7441

Mail: Corsicana ISD PD
2200 W 4th Ave
Corsicana, Texas 75110

Date

Employee Name, ID#