KAUFMAN COUNTY SHERIFF'S DEPARTMENT

COMPLAINT FORM

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AND RECORD YOUR COMPLAINT IN THE SUMMARY SECTION. PLEASE LIST DATE AND TIME OF INCIDENT, LOCATION, NAMES OF OFFICER(S) INVOLVED AND A NARRATIVE OF YOUR COMPLAINT. PLEASE PRINT LEGIBLY.

MY NAME IS_____

ADDRESS:_____CITY_____ST____ZIP_____

CONTACT NUMBERS:
HOME _____WORK_____CELL_____

COMPLIANT:_____

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I DO SWEAR THAT THE INFORMATION IN THE FOREGOING STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE_____

WITNESS_____

RETURN THE COMPLETED COMPLAINT IN A SEALED ENVELOPE TO KAUFMAN COUNTY SHERIFF'S DEPARTMENT, ATTN: CHIEF DEPUTY, P O DRAWER 849, KAUFMAN TEXAS 75142 OR DELIVER TO KAUFMAN COUNTY LAW ENFORCEMENT CENTER, 1900 EAST STATE HWY 175, KAUFMAN, TEXAS.