

### Citizen Complaint Form

It is the policy of the Lake Jackson Police Department to thoroughly and effectively investigate all complaints against our personnel. It is our desire to provide honest, efficient police service and to inspire public confidence in the Lake Jackson Police Department and our personnel.

Please complete this form. Should you need assistance in completing this form; a member of the Police Department will gladly assist you. Should you desire to remain anonymous, an investigation will still be conducted; however, this needed information could seriously hamper a thorough and complete investigation.

_____		
Last Name	First Name	MI
_____		
Address	City	State & Zip
_____		
Home Telephone	Work Telephone	Other
		Best time to contact you: _____
Complaint received by: (Telephone) (Letter/Correspondence)		
▶ Please Circle One ◀ (In Person) (Third Person)		

Document in your own words as much information as possible concerning your complaint and information. If a member of the Lake Jackson Police Department has assisted you in completing this form or information, please name the member in your documentation. (Please use additional paper if necessary)

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Signature of Complainant

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Signature of member receiving complaint

\_\_\_\_\_  
Title