



**EMS ISD**  
Police Department

**Citizen Complaint Form**

EMSISD Police Department  
616 W. McLeroy BLVD  
Saginaw, TX 76179

(817) 847-2999

(To Be Completed by Person Registering Complaint)

<b>Complainant Name:</b>		<b>Race/Sex:</b>	<b>Date of Birth:</b>
<b>Address:</b>		<b>City/ST/Zip:</b>	
<b>☎ Best Contact Number to Call:</b>  (    ) -       - <b>Ext:</b>	<b>⌚ Best Time to Call:</b>	<b>Email Address:</b>	

**WITNESS INFORMATION**

<b>Name:</b>	<b>Address:</b>	<b>Phone#:</b>
<b>Name</b>	<b>Address:</b>	<b>Phone #</b>
<b>Name:</b>	<b>Address:</b>	<b>Phone#:</b>
<b>Name</b>	<b>Address:</b>	<b>Phone #</b>

**OFFICER/EMPLOYEE INFORMATION**

<b>Name:</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name:</b>	<b>Badge/ID#</b>	<b>Car#</b>
<b>Name</b>	<b>Badge/ID#</b>	<b>Car#</b>

**INCIDENT DETAILS**

<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>Police Report# (if known):</b>
<b>Location of Incident:</b>		

**NARRATIVE**

*(Please Print Synopsis of Complaint)*


*(Continue in shaded area on other page)*

