



**CITIZEN COMPLAINT FORM  
WINDCREST POLICE DEPARTMENT  
PROFESSIONAL STANDARDS**

8601 MIDCROWN DR., WINDCREST, TEXAS 78239 • 210.655.2666



COMPLAINANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER LICENSE NUMBER & STATE \_\_\_\_\_

ON BEHALF OF MINOR OR SUBJECT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARRESTED  YES  NO IF YES, WHAT WERE YOU ARRESTED FOR \_\_\_\_\_

DID YOU REQUIRE MEDICAL ATTENTION  YES  NO TRANSPORTED TO \_\_\_\_\_

WILL YOU SIGN A MEDICAL RELEASE FORM  YES  NO

LOCATION OF INCIDENT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  AM  PM

OFFICER'S NAME \_\_\_\_\_ BADGE \_\_\_\_\_ VEHICLE NUMBER \_\_\_\_\_

DESCRIPTION OF OFFICER \_\_\_\_\_

WITNESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT:

[Large yellow rectangular area for incident description]

EXPECTED OUTCOME:

[Yellow rectangular area for expected outcome]

COMPLAINANTS SIGNATURE \_\_\_\_\_

(THIS FORM MUST BE FILED BY THE PERSON DIRECTLY INVOLVED WITH THE INCIDENT. A PARENT/GUARDIAN MUST FILE ON BEHALF OF MINOR)

**DO NOT WRITE BELOW THIS LINE (FOR PROFESSIONAL STANDARDS USE ONLY)**

DATE FILED \_\_\_\_\_ DIVISION/SECTION/UNIT \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

NATURE OF COMPLAINT \_\_\_\_\_ INTAKE PERSON \_\_\_\_\_