

Dalhart Police Department
External Complaint Form

Date: _____

IA Number: _____

Time: _____

Complainant Information

Name: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Occupation: _____

Home Phone #: _____ Work #: _____

Times you are at work? _____

Type of Complaint: _____

Officer(s) Involved: _____

Witness to the Event: _____
(phone numbers also)

Date/Time action took place: _____ Location: _____

Were you arrested? Yes No

Please list any injuries: _____

Did you seek medical attention for injuries? _____

Summary details of the complaint: (you will have to give a statement of the event)

(USE BACK IF NECESSARY)

I UNDERSTAND AND IT IS MY DESIRE THIS COMPLAINT IS INVESTIGATED DILIGENTLY. I FURTHER UNDERSTAND IF THE INVESTIGATION PROVES I HAVE MADE A FALSE ALLEGATION, I MAY BE LIABLE TO BOTH CRIMINAL AND CIVIL PROSECUTION. I UNDERSTAND THAT IN SOME CASES I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AS PART OF THIS INVESTIGATION.

Date: _____

Signature: _____

Supervisor taking complaint: _____
(If complaint taken by supervisor, forward complaint to Internal Affairs for CAD number assignment)

Date submitted to IA: _____ IA Investigator: _____

Copy Received by Officer: _____ Date: _____ Time: _____

