

**DALLAS POLICE DEPARTMENT
CITIZEN'S COMPLAINT FORM**

Complaint Number: _____

(To be assigned by I.A.D.)

This form is provided to assist citizens with the formal complaint process. Witnesses may also use this form to provide information on incidents.

Citizen Name: _____ Complainant Witness

Race/Sex/Date of Birth _____/_____/_____

Driver License or ID Number # _____/State: _____

Home Street Address _____

City/ State/ Zip Code _____/_____/_____

Contact Phone Number _____ home cell _____
best times to call

E-Mail _____

Date of Incident _____

Time of Incident _____

Location of Incident (address) _____

In your own words, describe the exact nature of the complaint. Begin with the date and location of the incident, then construct the facts in chronological order. Include description of officer (name and badge# if known). Please print or write legibly.

Electronic Complaint Submission

Sign the completed form electronically and return to the Dallas Police Department by clicking here :

Paper Complaint Submission

Print a copy of the form and sign then send to one of the below address.

E-Mail: DPDIAD@dallascityhall.com

Fax: 214-670-8219

Mail: Dallas Police Department
Internal Affairs Division
1400 South Lamar Street
Dallas, Texas 75215

Signature

Date

Logged in by:

Employee Name, ID#

*You may also give your signed letter to an on-duty police supervisor at any City of Dallas police facility.