City of Hutchins
Police Department

205 West Hickman Street
Hutchins, Texas 75141
Phone 972-225-2225 Fax 972-225-3347
www.cityofhutchins.org

STATEMENT OF COMPLAINT AGAINST AN EMPLOYEE

I, _____, understand that all complaints against an
(PLEASE PRINT FULL LEGAL NAME)
employee(s) of the City of Hutchins Police Department must be in writing and must be signed by the person making the complaint against the employee(s).

I, _____, further understand that a person who
(PLEASE PRINT FULL LEGAL NAME)
makes a false statement concerning a complaint filed against an employee(s), with the intent to deceive and with the knowledge of the statements meaning, may be guilty of perjury under section 37.03 of the Texas Penal Code. I further understand that if I make a false statement in my complaint against an employee(s), I may be subject to prosecution.

I, _____, Date of Birth ____/_____/_____
(PLEASE PRINT FULL LEGAL NAME)

Social Security Number _____-_____-_____, reside at

_____
(PHYSICAL HOME ADDRESS, NO P.O. BOXES)

_____, _____, _____
(CITY) (STATE) (ZIP CODE)

My telephone number is (_____) _____-_____.

I am employed by _____
(NAME OF EMPLOYER)

_____, _____, _____
(ADDRESS) (CITY) (STATE)

Work Phone number (_____) _____-_____

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I wish to make it known to the Police Chief of the City of Hutchins, Texas by this statement of complaint of the following facts and circumstances which took place at

_____, on or about the _____ day of _____
(LOCATION OF INCIDENT)

at approximately _____ am/pm (Circle one) and such facts and circumstances involve

_____, an employee employed by the City of Hutchins Police Department.

I, _____, do hereby affirmatively state and swear that:
(PLEASE PRINT FULL LEGAL NAME)

_____

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