Port Lavaca Police
201 N Colorado
Port Lavaca, TX 77979
Phone: 361.552.3788
Fax: 361.356.4205
Email: crangnow@portlavaca.org

Police Employee Complaint Form

Port Lavaca Police Department

Intake Information

Received by:

Date: _______________

Time: _______________

How Received:

In Person _____ Mail_____
Complainant

Last Name: __________________________
First Name: __________________________
MI: ____________
DOB: ________________________
Phone: _______________________

Address: __________________________
__________________________________
__________________________________
Male____          Female____
Race:
___American Indian ___Hispanic
___Asian/Filipino ___Anglo
___African-American ___Other

Incident

Date of Incident: ________________
Time: ________________ am/pm
Location: ________________________
________________________________
Name of Employee: ________________________
Badge #___________
Name of Employee: ________________________
Badge #___________
Name of Witness: ________________________
Address: ________________________
__________________________________
-name-\-of-\-witness:-address-
Phone: ________________________

Narrative

“I_______________________________, wish to make the following statement regarding an incident that directly involved me on the above date and time, at the above location. I have been advised of the procedure required by law to file this statement, and I am doing so with the knowledge that any intentional falsehoods included in this statement may be used as evidence against me in a court of law. My statement, which follows, includes ONLY INFORMATION and/or FACTS to which I can PERSONALLY testify under oath, and includes NO INFORMATION and/or FACTS that are “heresy”. I do hereby state,

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________