

# SOUTH PADRE ISLAND POLICE DEPARTMENT

## CITIZEN'S COMPLAINT FORM

To file a complaint, please complete all the items on this form describing briefly the incident that involved you and an officer of the South Padre Island Police Department. This form must be notarized; notary service is available at the office of Professional Standards. An investigator in the office of the Professional Standards will review the completed form and speak with you. You may also mail the form to:



**Chief Claudine O'Carroll - Confidential**  
**South Padre Island Police Department**  
**4601 Padre Boulevard**  
**South Padre Island, TX 78597**

### TEXAS GOVERNMENT CODE

#### Complaints Against Law Enforcement Officer or Firefighter

**Sec. 614.022. Complaint to be in Writing and Signed by Complainant.** To be considered by the head of a state agency or by the head of a fire department or local law enforcement agency, the complaint must be: (1) in writing; and (2) signed by the person making the complaint.

**Sec. 614.023. Copy of Complaint to be Given to Officer or Employee.** (a) A copy of a signed complaint against a law enforcement officer of this state or a fire fighter, detention officer, county jailer, or peace officer appointed or employed by a political subdivision of this state shall be given to the officer or employee within a reasonable time after the complaint is filed. (b) Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.

Your Name: _____ Today's Date: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	
DOB: _____ Sex: Male _____ Female _____	
<b>RACE</b>	
<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian/Filipino <input type="checkbox"/> Anglo	
<input type="checkbox"/> African-American <input type="checkbox"/> Other	

Please provide as much information as you can about the incident.

Date of Incident: _____	Time (A.M. or P.M.) _____	Place: _____
Name of Officer(s) involved: _____		Badge Number of Officer: _____
		Badge Number of Officer: _____
Officer's Race, Ethnicity: _____		
Name of Witness: _____		
Address: _____		
Home Phone Number: _____ Work/Other Phone Number: _____		
Do you have criminal and/or traffic charges pending from this incident? Yes _____ No _____		
If yes, please list: _____		
Do you have any evidence which you wish to present with this complaint?		
If yes, please list: _____		

**Use the space provided on the other side of this form to describe what occurred.**

