Richardson Police Department Citizen Complaint Statement

Please complete the following information and provide a detailed summary of the incident / allegation on the back of this page. Your signature and date of signature are required on this document. Upon completion, you may either mail or personally deliver this complaint to:

Internal Affairs Richardson Police Department 200 N. Greenville Avenue Richardson, TX 75081

Your Name:(Last)			
(Last)	(First)	(M. I.)	
Your Address:(Street Address)	((Apt. or Suite #)	
(City)	(State)	(Zip Code)	
Your Contact Phone #:	Work #:		
Additional #'s:			
Name of RPD Employee(s) if known	:		
Date of Incident:	Time of Incident:		
Location of Incident:			
Have you discussed this incident with from Internal Affairs? Yes N	*	ment supervisor or someone	
If yes, please provide the nam	ne(s) with whom you have spo	ken:	
Do you have criminal and/or traffic c	harges pending from this inci-	dent? Yes No	
If yes, please list:			
Do you have evidence (audio recording your complaint? Yes No		need to be included as part of	
If yes, please list:			
Do you believe this matter was a resu	alt of racial profiling? Yes	No	
If yes, please include why you	a believe so in the detailed sur	mmary of the incident.	
(Vour Signature)		Date	

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