

Name of Offender:			
_____	_____	_____	_____
	LAST NAME	FIRST NAME	MIDDLE NAME
Sex: <input type="checkbox"/> M <input type="checkbox"/> F (check one)	Approximate Age: _____	Ethnicity: _____	Occupation: _____
Height: _____	Weight: _____	Hair Color: _____	
Home Address: _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____	

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Lined area for text entry.

I, _____, hereby swear or affirm that I have read all of the information in this Citizen Complaint Form and said information is true and correct to the best of my knowledge.

Signature of Complainant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public – Texas

FOR MUNICIPAL COURT USE ONLY

Penal Code Offense(s): _____

Ordinance Violation(s): _____

Police Notified: Yes No (check one)

Police Report Taken: Yes No (check one)