



OFFICE OF THE POLICE OVERSIGHT MONITOR

Office Hours: Monday – Friday 8:00 am-5:00 pm
 200 Texas Street, 3rd Floor, Fort Worth, Texas 76102
 E-mail: PoliceOversight@fortworthtexas.gov
 Office Line: (817) 392-6535
www.fortworthtexas.gov/OPOM

CITIZEN COMPLAINT FORM

Please print the information in each section. Complete and submit to PoliceOversight@fortworthtexas.gov or by mail at the address listed above. **The OPOM is NOT part of the Fort Worth Police Department.** By telling us about your experience, you help us better serve you and your community. Feel free to contact us with questions.

**Required information*

INCIDENT DETAILS

Incident date*:		Incident time*:		AM	PM	
Incident location*:		Neighborhood:				
Circumstance: <i>Reason for your encounter with the police</i>	<input type="checkbox"/> Accident <input type="checkbox"/> Arrest <input type="checkbox"/> Bicycle Violation <input type="checkbox"/> Call for Service	<input type="checkbox"/> Citation Issued <input type="checkbox"/> Communication <input type="checkbox"/> Criminal Investigation <input type="checkbox"/> Death	<input type="checkbox"/> Disorderly <input type="checkbox"/> Domestic <input type="checkbox"/> Drug Investigation <input type="checkbox"/> Gang Investigation	<input type="checkbox"/> General Investigation <input type="checkbox"/> Harassment <input type="checkbox"/> Impoundment <input type="checkbox"/> Internal FWPD	<input type="checkbox"/> Misconduct Unethical <input type="checkbox"/> Pedestrian Stop <input type="checkbox"/> Request for Service <input type="checkbox"/> School Matter	<input type="checkbox"/> Traffic/Traffic Stop <input type="checkbox"/> Warrant Service <input type="checkbox"/> Other:

Allegations:
Type(s) of misconduct you think applies to your incident

Incident detail*:

Injuries sustained*?	No	Yes	Injury description*?	
Were you cited or charged*?	No	Yes	List citations or charges:	
Police Report number?			Police Vehicle number(s):	

OFFICER INFORMATION (Please complete as much information as possible.)

Officer 1 Name:					
Race/Ethnicity:		Gender:	Male	Female	
Badge number:		Rank:		Vehicle number:	
Officer 2 Name:					
Race/Ethnicity:		Gender:	Male	Female	
Badge number:		Rank:		Vehicle number:	
Officer 3 Name:					
Race/Ethnicity:		Gender:	Male	Female	
Badge number:		Rank:		Vehicle number:	

WITNESS INFORMATION

Witness 1 Name:			
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone:	Home Cell Work	E-mail address:	
Witness 2 Name:			
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone:	Home Cell Work	E-mail address:	
Witness 3 Name:			
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone:	Home Cell Work	E-mail address:	

YOUR INFORMATION

Name:			
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone:	Home Cell	Other Phone:	Home Cell Work
E-mail address:			
Date of birth:		Gender:	Male Female
Race/Ethnicity:	Asian Black/African American Hispanic/Latino White Other:		
How did you hear about Office of the Police Oversight Monitor?			

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be contacted by the Office of the Police Oversight Monitor. Information included on this form may be subject to disclosure. I understand it is a violation of law to make false complaint.

Signature: _____ Date: _____

Electronic Form Submission: Click the submit button or save pdf form and email to : PoliceOversight@fortworthtexas.gov

Mail Form : Office of the Police Oversight Monitor, City of Fort Worth, 200 Texas Street, 3rd Floor, Fort Worth, TX 76102

FOR OFFICE USE ONLY

Received date: _____
Received by: _____
Allegations: _____
