



# OFFICE OF THE POLICE OVERSIGHT MONITOR

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

## CITIZEN COMPLAINT FORM

Please print the information in each section. Complete and submit to [PoliceOversight@fortworthtexas.gov](mailto: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

<b>Incident date*:</b>		<b>Incident time*:</b>		AM	PM
<b>Incident location*:</b>		<b>Neighborhood:</b>			
<b>Circumstance:</b> <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\*:**

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

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

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

## 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](mailto: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: _____
_____