

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@fortworthexas.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 DETA	AILS									
Incident date*:						Incident time	*•		AM	PM
Incident location*:						Neighborhoo	d:			
Circumstance: Reason for your encounter with the police	☐ Arrest	Citation Commution Crimina	mication	☐ Disorderly ☐ Domestic ☐ Drug Investigation	☐ Hara ☐ Imp	assment oundment	☐ Misconduct Unethical ☐ Pedestrian Stop ☐ Request for Service ☐ School Matter	☐ Traffic/☐ Warrant		
Allegations: Type(s) of misconduct you think applies to your incident	Can for service	Death		☐ Gang Investigation		mai F WPD	Lischool Matter	Other:		
Injuries sus	tained*?	No Yes		Injury descr	iption	*?				
Were you cited or ch	arged*?	No Yes		List citations or	charge	es:				
Police Report 1	number?			Police Vehicle nu	mber(s):				
O	'									
	B F A POT O B T	/				47.7				
Officer 1 Name:	RMATION	(Please co	omplete as	much informati	on as	possible.)				
Officer 1 Name:	RMATION	(Please co	omplete as				Female			
	RMATION	(Please co	omplete as	ı	on as Gendo	er: Male	Female			
Officer 1 Name: Race/Ethnicity: Badge number:	RMATION	(Please co		ı		er: Male				
Officer 1 Name: Race/Ethnicity:	RMATION	(Please co		ι:		er: Male Vehicle				
Officer 1 Name: Race/Ethnicity: Badge number: Officer 2 Name:	RMATION	(Please co		:	Gendo	ver: Male Vehicle	number:			
Officer 1 Name: Race/Ethnicity: Badge number: Officer 2 Name: Race/Ethnicity:	RMATION	(Please co	Rank	:	Gendo	ver: Male Vehicle	number: Female			
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Mailing Street Address: City: Primary Phone: Home Cell Work E-mail address: Witness 2 Name: Mailing Street Address: City: Primary Phone: Home Cell Work E-mail address: City: Primary Phone: Home Cell Work E-mail address: Witness 3 Name: Mailing Street Address: City: Primary Phone: Home Cell Work E-mail address: City: Primary Phone: Home Cell Work E-mail address: City: Primary Phone: Home Cell Work E-mail address: City: C	WITNESS INFORM Witness 1 Name:	-11011					
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Primary Phone: Witness 2 Name: Mailing Street Address: City: Primary Phone: Home Cell Work State: Zip Code: Primary Phone: Mailing Street Address: City: Primary Phone: Home Cell Work State: Zip Code: E-mail address: VOUR INFORMATION Name: Mailing Street Address: City: Primary Phone: Home Cell Work State: Zip Code: E-mail address: City: Primary Phone: Home Cell Work State: Zip Code: Primary Phone: Home Cell Work Balack/African American Hispanic/Latino White Other: Home Cell Work Home Cell Work Home Cell Work Home Cell Work Female Race/Ethnicity: Asian Black/African American Hispanic/Latino White Other: The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be contact by the Office of the Police Oversight Monitor. Information included on this form may be subject to disclosure. I understand violation of law to make false complaint.						State	Zin Code:
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Allegations: _____

Revised: 4.1.2022 Created: 3.19.2020