CITY OF
SOUTHLAKE
Department of Public Safety
Employee Complaint Form

How to Make a Complaint

For each type of complaint, specify whom the complaint involves, such as a police officer, firefighter, or other person. The proper supervisor can then be contacted in regards to your complaint.

1. **In person:** Come to the Southlake Police Department Headquarters, located at 600 State Street, Southlake, TX 76092. Advise the information desk you would like to speak to a supervisor regarding a complaint.
2. **By telephone:** Call the on-duty supervisor at 817-743-4524 or Professional Standards Sergeant Joshua Ellis @ 817-748-8367. Advise you would like to speak to someone regarding a complaint.
3. **In writing:** Complete the following form and mail it to:

Southlake Police Department
Attention: Internal Affairs/Professional Standards Sergeant
600 State Street
Southlake, TX 76092
(You may mail it certified in order to ensure receipt)

Note: Prior to disciplinary action being taken against an employee, complaints must be made in writing and signed by the complainant. Texas Government Code 614.022, 614.023(b)

You will notified of the results of the investigation and, if the final report indicates there was misconduct, the employee is addressed in accordance with the departmental disciplinary procedures, which may be a reprimand, temporary suspension, or termination.

Bias Based Policing Prohibited (Racial Profiling)

The Southlake Police Department has adopted a policy prohibiting any form of bias or profiling in its enforcement activity. If you believe inappropriate criteria entered into an enforcement decision made by members of the Department, you may file a complaint, and it will be fully investigated. Generally, neither the filing of a complaint nor the subsequent investigation will affect any action such as a citation or criminal charge that may have previously been filed against you.

False Reports

Knowingly making false statements to Police can result in charges of False Report or perjury.
Texas Penal Code 37.08 and 37.02

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Office Use Only	
Complaint Tracking Number	Date Complaint Received
Receiving Supervisor	How was complaint received? ☐ In person ☐ Fax ☐ Mail ☐ E-mail

COMPLAINANT INFORMATION					
Name		Contact Phone			
Address		Email			
City		State		Zip	
Date of Birth		Sex		Race/Ethnicity (for tracking purposes only)	

COMPLAINANT WORK INFORMATION					
Work Phone		Work Email			
Work Address					
City		State		Zip	

WITNESS INFORMATION					
Witness Name		Witness Phone			
Witness Address					
City		State		Zip	

INCIDENT INFORMATION			
Date of Incident		Time	
Location of Incident			
Name of Employee(s) Involved in Complaint (if name unknown, provide a detailed description)			

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INCIDENT DETAILS

INCIDENT DETAILS (continued)

I hearby certify that, to the best of my knowledge and under the penalty of perjury, the statements made herein are true and correct.

_____
Complainant's Signature

_____
Date

This documentation was sworn to and subscribed before me this the _____ day of _____, _____ by _____.

Seal

_____
Notary