

Whitewright Police Department

Integrity and Commitment for Our Community

COMPLAINT AGAINST WHITEWRIGHT POLICE DEPARTMENT MEMBER

My name is			
My address is	(city)	(state)	(zip code)
My phone number is	(home)		(work)
My date of birth is			
My place of employment is			
I make this affidavit voluntarily and from my complaint made against a law enforcement off complainant and in writing before it may be complained.	ficer of the State of Tex	as must be sign	
I have read this document consisting of are true.	pages and the sta	atements contain	ined herein
COMPLAINANT'S SIGNATURE			
DATE COMPLAINT SUBMITTED			



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COMPLAINT AGAINST WHITEWRIGHT POLICE DEPARTMENT MEMBER		
Complainant's Signature Date		
State of Texas		
County of		
Sworn to and subscribed before me on the	_ day of,20, by	
Notary Public's Signature	Notary Name	
My commission Expires on		