



STATEMENT OF COMPLAINT

The goal of the Midlothian Police Department is to hire those who are the most qualified and ethical so we can deliver the highest level of police service---with fairness, honesty, and integrity. It is essential that the public have confidence in the ability and integrity of the Midlothian Police Department to investigate and properly adjudicate complaints against its members. This Department is committed to maintaining a professional police organization; therefore, we encourage citizens, who feel a member of this department has violated departmental policy, City of Midlothian rules, unethical behavior or violated any applicable civil or criminal statute or lawful regulation including any bias based profiling, to submit a complaint to this department so that we may correct any deficiencies within our department.

Each complaint is investigated thoroughly to determine whether there sufficient evidence to sustain the allegation take disciplinary action. The investigative process also identifies the need for additional training or policy implementation or revision.

Formal complaints may be filed by completing the **Statement of Complaint** packet and mailing or turning the original in at the Midlothian Police Department located at 1150 N. Hwy 67, Suite 300 Midlothian TX 76065.

Informal complaints may be discussed with any on duty supervisor who can be contacted at 972-775-3333.

MIDLOTHIAN POLICE DEPARTMENT

STATEMENT OF COMPLAINT

Complainant's Name:	Sex	Race	Date of Birth
Home Address	Home Phone		Other Phone
<i>*Location of Incident</i>	<i>*Date</i>		<i>*Time</i>
<i>*Officer/Employee Involved</i>	<i>*Officer/Employee Involved</i>		
<i>*Officer/Employee Involved</i>	<i>*Officer/Employee Involved</i>		

Only items preceded with (*) and in **bold italics** are required, all others are not required for a complaint to be investigated.

Statement of Facts:

Witness Information

Please list witnesses or anyone that can provide information about the complaint being filed.

Name: _____
Address: _____ City: _____ Zip: _____
Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
Hm. E-Mail: _____ Wk. E-Mail: _____

Name: _____
Address: _____ City: _____ Zip: _____
Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
Hm. E-Mail: _____ Wk. E-Mail: _____

Name: _____
Address: _____ City: _____ Zip: _____
Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
Hm. E-Mail: _____ Wk. E-Mail: _____

Name: _____
Address: _____ City: _____ Zip: _____
Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
Hm. E-Mail: _____ Wk. E-Mail: _____