

FORM FOR COMPLAINT AGAINST A DISTRICT PEACE OFFICER

To file a formal complaint against a District peace officer, please fill out this form completely, have it notarized, and submit it by hand delivery, fax, or U.S. mail to the GCCISD Chief of Police. This form must be notarized prior to submission.

In accordance with state law, the complaint must be in writing and signed by the person making the complaint before the complaint may be considered by the District.

Additionally, a copy of the signed complaint will be given to the officer against whom the complaint is made within a reasonable time after the complaint is filed. Action may not be taken against the officer unless a copy of the signed complaint is given to the officer.

If the complainant does not receive the relief requested, the complainant may appeal under the appropriate complaint policy (DGBA, FNG, or GF, as applicable), starting at Level Two.

1. Name of person making the complaint:

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Address:

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Telephone number:

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2. Complainant is a (**choose one**):

Student/parent

District employee

Community member

3. Date of the circumstances causing the complaint:

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4. Name of the police officer against whom this complaint is being made:

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5. Please describe the circumstances causing the complaint (clearly indicate the dates, times, names, locations, and details involved in the complaint and attach any records, reports, or statements that support this complaint.)

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Additional page(s) is (are) attached:  Yes  No

6. List any witnesses:

Witness 1 name: \_\_\_\_\_

Address:

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Telephone number:

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Witness 2 name: \_\_\_\_\_

Address:

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Telephone number:

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Witness 3 name: \_\_\_\_\_

Address:

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Telephone number:

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7. Please explain how you have been harmed by this circumstance.

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8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

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With whom did you communicate? \_\_\_\_\_

On what date? \_\_\_\_\_

9. Please describe the outcome or action you are seeking.

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Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**Sworn Affidavit**

State of Texas

County of \_\_\_\_\_

Before me, the undersigned authority appeared \_\_\_\_\_

,  
who after being sworn on his or her oath declared that the statements herein contained are true and correct.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ (month),  
\_\_\_\_\_ (year).

Notary Public Signature: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

(Affix Notary Seal)

*Complainant, please note:*

SAFETY PROGRAM/RISK MANAGEMENT  
SECURITY PERSONNEL

CKE  
(EXHIBIT)

*A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information.*

*Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.*