



Fort Bend County Precinct Three Constable's Office

Citizen Complaint Form

Nature of the Complaint: _____

Your Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Wk Phone: _____

DOB: _____ Sex: _____

Please provide as much information as possible about the event:

Date of Incident: _____ Time: _____

Name of Deputy Involved: _____

Name of Witnesses: _____

Witness's Phone Number: _____

Name of Witnesses: _____

Witness's Phone Number: _____



