

Elmendorf Police Department

P.O. Box 247 • Elmendorf, TX 78112

Office: 210-635-8710 Fax: 210-635-7740

Police Department Complaint Form

The City of Elmendorf is dedicated to providing the highest quality police services to residents and visitors of the City. Your compliments and complaints are important to the police department and we appreciate your taking the time to communicate with us.

If this is a complaint, please sign the "Waiver and Release"

Your Information:		Rev. 02/2017
Name	Primary Phone#	Email Address
Home Street Address	City	State • Zip
Home Street Address	City	State • Zip
Mailing Address	City	State • Zip
To be able to identify the EPD officers to which you refer, it	s important that you be	as specific as possible in your description of
the officer(s) and the incident.		
About the incident:		
Location	Time	Date
#1 00° 2 N	D 1 //	
#1 Officer's Name	Badge#	Descriptive info if name/badge# unknown
#2 Officer's Name	Badge#	Descriptive info if name/badge# unknown
Witness Name	Witness Phone#	Witness Address
Withess Nume	withess i none	Withess Fiduress
Please provide a brief description of the event(s) that caus	sed you to bring this to	our attention.
		If necessary, continue on the other side.
I swear that the foregoing statements included on this for	m are in all things true	
	8	
Signature		Date
State of Texas		
County of Bexar		
Subscribed and sworn to (or affirmed) before me this		
day of, in the year 20		
	Signature of Notar	y Public

WAIVER AND RELEASE

I, the undersigned ("Releaser"), have voluntarily chosen to submit my complaint regarding the Elmendorf Police Department, including its officers, to the City of Elmendorf Citizen Complaint Review Board.

I understand that the Board will likely review all records related to my complaint which may include information that may be protected from disclosure and wish to waive any right I may have to the confidentiality or protection from disclosure of such information to the members of the Board so that the information may be used by the Board in the investigation of my complaint.

I am 18 years of age or older; if I am younger than 18 years of age, my parent or guardian is executing this Waiver and Release, and my parent or guardian, by his or her execution of this document, consents to all of the terms of this Waiver and Release.

I (and my parent or guardian if I am younger than 18 years of age) have carefully read the foregoing Waiver and know and understand its contents. I (and my parent or guardian if I am younger than 18 years of age) sign this release voluntarily as my own free act, with full knowledge of this significance, intending to be legally bound by this Waiver.

Signature of Notary Public

Acculcu 0	n this the of, 20
	Releaser
	Releaser's parent or guardian if Releaser is younger than 18 years of age
CT	
e of Texas	
nty of Bexar	
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nty of Bexar scribed and sworn to	o (or affirmed) before me this , in the year 20