



AMARILLO POLICE DEPARTMENT
PERSONNEL COMPLAINT AFFIDAVIT



Date: _____ Internal Incident Number (Police Use Only) _____

Name (Complainant): _____ Race: _____ Sex: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Date of Incident: _____ Time of Incident _____ AM/PM

Location of Incident: _____

Name(s) of department employee involved (if known): _____

Witness #1 Name: _____ Home Address _____

Home Phone: _____ Cell Phone: _____ Other: _____

Witness #2 Name: _____ Home Address _____

Home Phone: _____ Cell Phone: _____ Other: _____

STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority in and for the State of Texas, on this day personally appeared _____
_____, who after being duly sworn, deposed and said:

My name is _____. I am _____ years of age and my date of birth is _____.

**AMARILLO POLICE DEPARTMENT
PERSONNEL COMPLAINT AFFIDAVIT**

Details: _____

Affiant: _____

SWORE TO AND subscribed before me this _____ day of _____

Peace Officer or Notary Public for the state of Texas _____

Signature of IA Investigator

Employee Signature

City ID #