

# Princeton Police Department



*Mark Moyle – Chief of Police*

306 Main Street  
Princeton, Texas 75407  
Phone: 972-736-3901  
Fax: 972-736-6395

## Complaint Report

Complaint delivered by:  In Person  Via Phone  Via Email  Via Mail

Type of complaint:  Formal  Informal           /      /                :           M  
Date Delivered      Time

Nature of complaint: \_\_\_\_\_

Complainant: \_\_\_\_\_  Male  Female  
Printed Name      Date of Birth      Race

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Age      Address      City      State      Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Home Phone      Work Phone      Email Address (If Applicable)

Involved Officer: \_\_\_\_\_  
Printed Name (If Known)      Badge #

Description: \_\_\_\_\_  Male  Female  
Age      Height      Weight      Eye      Hair      Race

Vehicle Description (If Applicable): \_\_\_\_\_  
Color      Year      Make

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Model      Body Style      License Plate

Date/Time of complaint:      /      /                :           M

Complaint Location: \_\_\_\_\_ Incident #: \_\_\_\_\_

**NARRATIVE:** (Describe in detail in the Affidavit of Fact - use as many pages as necessary to fully, fairly and honestly relate all material facts and circumstances. The information must be based upon personal knowledge and personal observation. Any additional witnesses must be listed. If photographs, videos or tapes are included, the person who took the photographs/videos or recordings must be identified):

List Witnesses: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address City State Zip

( ) - ( ) -  
Home Phone Work Phone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address City State Zip

( ) - ( ) -  
Home Phone Work Phone

Evidence: Complainant or witness must be able to establish a foundation and authenticate.

- Photographs
- Video Recordings
- Audio Recordings
- Other: \_\_\_\_\_

**I swear that the statements made herein are within my personal knowledge, true, and correct.**

**X** \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

State of Texas, County of \_\_\_\_\_

Notary Seal or Stamp

Subscribed to and sworn before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**X** \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public (Printed Name)