



# City of Big Sandy Police Department

## CITIZEN'S COMPLIMENTS/COMPLAINT FORM

To file a complaint, please complete all the items on this form describing briefly the incident that involved you and an officer of the Big Sandy Police Department. The complaint will be reviewed and investigated and you will be contacted by the Chief of Police. This form must be returned only to the Police Department. You may also email this form to: [policedept@bigsandytx.gov](mailto:policedept@bigsandytx.gov) or mail the form to:



**Chief of Police  
Big Sandy Police Dept.  
P.O. Box 986  
Big Sandy, TX 75755**

Your Name: _____		Today's Date: _____	
RACE		Address: _____	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	City: _____	State: _____ Zip: _____
<input type="checkbox"/> Asian/Filipino	<input type="checkbox"/> Caucasian	Phone: _____ HM WRK CELL	
<input type="checkbox"/> African-American	<input type="checkbox"/> Other	DOB: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Provide as much information as you can about the incident.

Date of Incident: _____	Time: _____ (A.M. / P.M.)	Location: _____
Name of Officer(s) Involved: _____		Badge Number: _____
_____		Badge Number: _____
1) Name of Witness: _____		
Address: _____		
_____		
Phone Number: _____ HM WRK CELL		
2) Name of Witness: _____		
Address: _____		
_____		
Phone Number: _____ HM WRK CELL		

Use the space provided on the next page of this form to describe what occurred.

