



**CITY OF SUGAR LAND  
FIRE-EMS DEPARTMENT  
CITIZEN 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 Sugar Land Fire-EMS Department. This form must be notarized; notary service is available at the Fire Administration Offices. You may also mail the form to:



**Sugar Land Fire-EMS Department  
Administration Office – Fire Chief  
P. O. Box 110  
Sugar Land, TX 77487**

**COMPLAINANT INFORMATION**

Your Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Race: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_ American Indian  
 \_\_\_ Anglo City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_ Asian/Filipino Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_ African-American DOB: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
 \_\_\_ Hispanic  
 \_\_\_ Other

**INCIDENT AND OFFICER INFORMATION**

Date of Incident: \_\_\_\_\_ Time (A.M. or P.M.) \_\_\_\_\_ Place: \_\_\_\_\_  
 Name of Officer(s) Involved: \_\_\_\_\_ Badge Number of Officer: \_\_\_\_\_  
 \_\_\_\_\_ Badge Number of Officer: \_\_\_\_\_  
 Officer’s Race, Ethnicity: \_\_\_\_\_  
 (1) Name of Witness: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work/Other Phone Number: \_\_\_\_\_  
 (2) Name of Witness: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work/Other Phone Number: \_\_\_\_\_

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**AFFIDAVIT**

Before Me the Undersigned authority personally appeared \_\_\_\_\_

Describe the incident and nature of complaint:

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Submit additional pages as needed. Thank you!

I have been informed that under the Penal Code of the State of Texas, Section 37.02:  
A person commits the offense of perjury if, with intent to deceive and with knowledge of the statement's meaning; he makes a false statement under oath or swears to the truth of a false statement previously made; and the statement is required or authorized by law to be made under oath.

\_\_\_\_\_  
Affiant

Subscribed and Sworn to before me, by the said \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature