

CITY OF ARLINGTON COMPLAINT AFFIDAVIT

PLEASE PRINT LEGIBLY

For office use only
Accepted: _____
Rejected: _____
(why): _____

COMPLAINANT:

 (name) (area code & home phone) (area code & work phone)

 (address) (city) (state) (zip code)

SUSPECT:

 (name) (area code & home phone) (area code & work phone)

 (address) (city) (state) (zip code)

I AM COMPLAINING ABOUT THE FOLLOWING INCIDENT:

 (date) (time) (location) (police report no., if one made)

Please describe in detail the facts of the incident indicating what happened to whom, why, what was said, etc.:

(Continue on back, if necessary)

AFFIANT

THE STATE OF TEXAS §
 COUNTY OF TARRANT §

SUBSCRIBED AND SWORN TO BEFORE ME by the said _____
 who is known to me or who was proved to me on the oath of
 _____(name of person identifying the acknowledging person) or
 who was proved to me through _____(description of identity
 card or other document issued by the federal or state government containing the
 picture and signature of the acknowledging person) on this the ___ day of
 _____, _____.

 Notary Public In and For
 The State of Texas

My Commission Expires:

Notary's Printed Name

WITNESSES that can testify about this complaint:

1. _____
(name) (area code & home phone)(area code & work phone)

(address) (city) (state) (zip code)

2. _____
(name) (area code & home phone)(area code & work phone)

(address) (city) state) (zip code)

UPON COMPLETION OF THIS AFFIDAVIT PLEASE RETURN TO: Community Services Office,
City of Arlington, 2060 W. Green Oaks Blvd., Post Office Box 90231, Arlington,
Texas 76013, Mail Stop #56-0200 telephone (817)459-5989.