

COMPLAINT REQUEST

PRINT OR TYPE ONLY

Section 1: Subject:

Subject's Name:	
Street Address:	Phone:
City, State, Zip:	El Paso, Texas

If this is a traffic Incident complaint, please complete Section 2 below. Otherwise proceed to Section 3.

Section 2: Traffic Incident

Subject's Date of Birth:	Subject's Driver's License No.:	State:
Vehicle Information:		
Year Model:	Color & Make:	Body Style: License Plate No.

Section 3: Incident Information (See Examples)

Location of Incident:
Date of Incident:

Section 4: Complainant Information (your information)

Complainant's Name	City State and Zip: El Paso, Texas
Telephone No.:	Home: Work: () was an accident or police report made:
() if so, enclose copy.	

Section 5: Witness Information (Individuals, other than yourself that witnessed the incident)

Witness Name:	Witness Name:
Street Address:	Street Address:
City, State, Zip:	Telephone No.:

Witness Name:	Witness Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone No.:	Telephone No.:

(The Back of this form may be used to list additional witnesses)

Section 6: Complainant's/Witness Sworn Statement

A statement must be completed by everyone who witnessed the incident. The following form may be reproduced for additional witnesses or a separate sheet of paper with the requested information may be used.

All statements must be signed before a notary public.

(State what happened below. Please state only facts. The back of this form may be used if additional space is necessary).



COMPLAINANT'S/WITNESS' STATEMENT

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____.

AFFIANT

day of _____ 20 _____.

NOTARY PUBLIC

(FOR OFFICE USE ONLY) PROSECUTOR'S DECISION: