



Department Complaint Form
CB Buck Stevens – Constable



281-997-9777
 constable3COMPLAINT@brazoria-county.com

Texas Government Code 614.022 requires any complaint to be in writing and signed by the complainant.

Please complete the following information:

Your Name

Home Address City State ZIP

Cell Phone Home Phone Work Phone

Name of Employee(s) Involved (if known)

1.
 Officer Name Badge#

2.
 Officer Name Badge#

Incident Information

Location

Date Time AM PM

Witnesses

1.
 Name Phone#

2.
 Name Phone#

3.
 Name Phone#

4.
 Name Phone#

Narrative of Incident (Include as many details as possible)

I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct. I understand that making a false statement under oath in connection with an official proceeding could subject me to criminal charges.

Print Name

Signature

Date

Witness Name

Witness Signature

Date

By clicking SEND, you are hereby signing this form and attesting to the above facts. If further information or investigation is warranted, you may be contacted and asked to complete other attestments to these facts. All submittals become property of Brazoria County Constables Office, Precinct 3 and are subject to any and all proceedings

You may also print and send this form, once complete, to constable3COMPLAINT@brazoria-county.com