



GUADALUPE COUNTY ATTORNEY

211 W. Court St.
Seguin, TX 78155

Office: (830) 303-6130 • Fax: (830) 379-9491

COMPLIMENT / COMPLAINT FORM

Tell Us About Your Encounter / Incident

Today's Date: _____ Location of Encounter / Incident: _____

Compliment

Complaint

Date of Encounter / Incident: _____ Time of Encounter / Incident: _____

Tell Us About You

Submitter's Name (Last, First M.I.): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Description of Compliment or Complaint

(Please provide details in the space provided and/or on the reverse side)

Personnel Involved

(Please provide the name, title/assignment, identification number, and vehicle description if known.)

1. Name of Personnel: _____ Title/Assignment: _____

Identification No.: _____ Vehicle Number/Type/Color: _____

(Note: Please use additional pages as needed to complete your detailed summary)

Certification of Submission (COMPLAINT ONLY)

I certify that, to the best of my knowledge and belief, the information provided on this form is true and correct. I understand that making a false statement, with intent to deceive, constitutes the offense of perjury under Texas Penal Code § 37.02.

Signature: _____ Date: _____

If you have any questions regarding this form, please contact the Guadalupe County Attorney at (830) 303-6130.

According to Texas Government Code § 614.022, a complaint against a law enforcement officer must be in writing and signed by the complainant before it may be considered.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE		
Completed Form Pages 1 through _____	Received By:	Assigned To:
Name (Last, First, M.I.)	Title/Position	Date/Time

This form can be mailed or hand delivered.