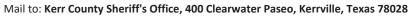


## **Kerr County Sheriff's Office**

## Citizen Complaint





Date:			
Name:	Address:		
Date of Pirth:	Block Number,	Street Name and Apt/Suite# or P.O. Box City/Tow	
Date of Birtii.	Driver License #.		State
Home Phone:	Cell Phone:	Work Phone:	
Preferred method of contact:			
	Incident Information	n	
Date:	Time: Location:		
Case# (If known):	Employee Name (If known	):	
Nature of Complaint			Details
(Please be sure to include all date	es, times and names of any person(s) involved	d if known): Initials:	
	o, a, p, p, p, p		
I understand that I may be re	quired to appear in person for the purposes of be r the Penal Code of the State of Texas, Section 37.	ing interviewed regarding statements	rejerenced above.
	if the Penal Code of the State of Texas, Section 37. Age of the statement's meaning; he makes a false		
	eviously made; and the statement is required or a		
statement pro		attionized by law to be made under of	
ure/Affiant:			
	Subscribed and sworn to and before m	-	
	This, day of,,		

Name:	Initials:	Page: of
Continued from page 1		