

LAGO VISTA POLICE DEPARTMENT
Office of Professional Standards
Citizen Complaint Form



The Lago Vista Police Department is committed to providing the highest quality of police service to the community. Our mission is to engage, inspire, and protect everyone and our guiding values are community, empathy, accountability, and honor. In order to recognize excellence within our department, it is helpful to have community input.

Use this form to complain against or compliment Lago Vista Police Department employees. Once completed, you may mail, scan, and email or hand deliver the form to the Police Department Office. The form, by law (Government Code 614.022), must be signed by the complainant.

Please provide your name, address, and contact information

YOUR NAME	TELEPHONE	EMAIL
HOME ADDRESS	CITY	ZIP

In order to begin the process of identifying the member(s) of the Lago Vista Police Department to whom you are referring, please provide the employee's name, badge number, vehicle number, and /or a physical description of the member(s). The information that you provide below will assist the Office of Professional Standards in addressing your compliment or complaint.

Officer's Name	Badge #	Vehicle Number	Officer's Physical Description
1.			
2.			
3.			

DATE AND TIME OF INCIDENT	LOCATION OF INCIDENT
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General Reason for Complaint:

Complaint Details:

The statements included in this complaint are true and correct. I understand that filing a False Report to a Peace Officer is a criminal offense under Penal Code Section 37.08 and is subject to prosecution as a Class B Misdemeanor.

Complainant Signature

Date / Time

Use additional blank pages as needed.