Once the Fate Department of Public Safety Personnel Complaint form is complete and notarized, the complainant may submit the form using any of the following methods:

1. **Bring request in person to:** Fate DPS, 105 E. Fate Main Place, Fate, TX 75087
2. **Mail request to:** Fate DPS, P.O. Box 159, Fate, TX 75132
3. **E-mail request to:** fatedps@cityoffate.com
4. **Fax request to:** 214-764-3077

>>>Continue to next page>>>
Date and time received: ______________________

Received by: _______________ ID#_____

Name of Employee: ___________________________________________ ID # ___________

Employee Rank:  PSO  □  Lieutenant  □  Other  □

Date and Time of Occurrence: ___________________ ______:______

Incident Location: ________________________________________________

Was the Employee on Duty?  Yes □  No □

Was the Employee in Uniform?  Yes □  No □

Complaint Associated With:  Arrest  □  Citation  □  Traffic Stop  □  Call  □  Other  □

Complainants Name: ____________________________________________

Mailing Address: __________________________________________________

Phone No: _________________ E-mail Address: ____________________________

Details of Complaint

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
NOTICE TO COMPLAINANT:
This complaint is considered serious by the Fate Department of Public Safety. In order to maintain the confidence of the citizens of the City of Fate and the State of Texas, we will fairly and impartially investigate this complaint. The employee that you complained about is presumed innocent unless the charges are substantiated in the investigative process. The mere filing of this complaint does not substantiate the allegations.

Complaints against law enforcement employees must meet the requirements of Sections 614.022 and 614.023 of the Texas Government Code.

614.022. COMPLAINT TO BE IN WRITING AND SIGNED BY COMPLAINANT. To be considered by the Head of State Agency or by the head of a fire department or local law enforcement agency, the complaint must be:
   (1) In writing; and
   (2) Signed by the person making the complaint.

614.023. COPY OF COMPLAINT TO BE GIVEN TO OFFICER OR EMPLOYEE.
(a) A copy of a signed complaint against a law enforcement officer of this state or a Firefighter, Detention Officer, County Jailer, or Peace Officer appointed or employed by a political subdivision of this state shall be given to the officer or employee within a reasonable time after the complaint is filed.
(b) Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.
(c) In addition to the requirement of subsection (b), the officer or employee may not be indefinitely suspended or terminated from employment based on the subject matter of the complaint unless:
   (1) The complaint is investigated; and
   (2) There is evidence to prove the allegation of misconduct.

If these allegations determine that the employee acted improperly, disciplinary action will be taken. Because this is a serious allegation, with serious consequences for the employee, all formal complaints need to be signed, sworn to and notarized.

I ATTEST THAT THE STATEMENT MADE IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS DOCUMENT IS FOUND TO BE FALSE OR UNTRUE I MAY BE SUBJECT TO CRIMINAL CHARGES.

______________________________                 __________________________
Signature                                                                                            Date
Sworn to and subscribed before me, the ________day of _______________ 20___
My commission expires _____/_____/_____                Printed name of Notary_________________________
Notary Seal or Stamp                                                                    Signature of Notary __________________________