CITY ATTORNEY'S OFFICE
OFFICE OF THE CITY PROSECUTOR
300 N. Campbell
El Paso, TX 79901
(915) 212-0033

Type or Print Only

COMPLAINT REQUEST

Section 1: Subject Information

Subject's Name: _____ **Address:**
_____

El Paso, TX 799_____

If this is a traffic incident complaint, please complete the information below. Otherwise proceed to Section 2.

Subject's Date of Birth: _____ Subject's Driver's License No.: _____ State: _____

Year Model: _____ Color & Make: _____ Body Style: _____ License Plate:_____
_____

Section 2: Incident Information (See examples)

Type of Incident: _____

Location of Incident: _____

Date of Incident: _____ **Time of Incident:** _____

Section 3: Complainant Information (your information)

Complainant's Name: _____
Address: _____
El Paso, TX 799_____
Work Telephone Number: _____
Home Telephone Number: _____

Was an accident or police report made: Yes ☐ No ☐ If yes, enclose copy.

Section 4: Witness Information (individuals, other than yourself, that witnessed the incident).

Witness' Name: _____
Address: _____
El Paso, TX 799_____
Telephone No. _____

Witness' Name: _____ Address:
_____

El Paso, TX 799_____
Telephone No. _____

Section 5: Complainant's/Witness' Sworn Statement (See page 3)

The following statement must be completed by everyone who witnessed the incident. Statement forms may be reproduced for additional witnesses or a separate sheet of paper with the requested information may be used.

All statements must be signed before a notary public.

COMPLAINANT'S/WITNESS' STATEMENT

(State what happened below. Please state only facts. The back of this form may be used if additional space is necessary).

I, **the undersigned**, being duly sworn, deposes and says:

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____
AFFIANT

SUBSCRIBED AND SWORN TO before me this _____________ day of ______________________, 2025.

____
NOTARY PUBLIC

(FOR OFFICE USE ONLY) PROSECUTOR'S DECISION: