

**Texas Juvenile Justice Department
Office of Inspector General**

Personnel Complaint

INSTRUCTIONS

1. Complete both pages of form.
2. Typed preferred, but handwritten is acceptable.
3. Sign the bottom of the form
4. Drop off at any TJJJ OIG Office, Fax, or Mail to:

OIG Headquarters
P.O. Box 12757
Austin, Texas 78711
Office: (866) 477-8354
Fax: (512) 512-490-7707
Roland.Luna@tjjd.texas.gov

OIG OFFICE USE ONLY

IRC Number: _____
Date Received by IRC: _____
Assigned to: _____
Date: _____
Division: _____
Due Date: _____
Extension Date: _____
Closed Date: _____

It is the policy of the Texas Juvenile Justice Department Office of Inspector General to courteously receive and investigate complaints concerning its employees. Persons complaining verbally or by e-mail will be requested to submit their complaint in writing with their signature affixed, if possible. Please provide specific information on this form as to the identity of the TJJJ OIG employee (or a description of the employee, if their identity is unknown) and the detailed information as to the nature of the complaint.

TEXAS GOVERNMENT CODE

SEC. 614.022. COMPLAINT TO BE IN WRITING AND SIGNED BY COMPLAINANT. TO BE CONSIDERED BY THE HEAD OF A 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.

SEC. 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 FIRE FIGHTER, 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.

COMPLAINT

ORIGINAL: AMENDED: INTERNAL: EXTERNAL:

NAME OF COMPLAINANT/INVOLVED PARTY:				E-MAIL ADDRESS:		
STREET NO:	STREET NAME:	SUITE / APT:	CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:	AGE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE / ETHNICITY		
OIG EMPLOYEE INVOLVED: (Name, Division, & Office, if known)						
OIG EMPLOYEE INVOLVED: (Name, Division, & Office, if known)						
DATE OF OCCURENCE:		TIME OF OCCURENCE:		LOCATION OF OCCURENCE:		
NAME OF WITNESS:			ADDRESS:		PHONE:	
NAME OF WITNESS:			ADDRESS:		PHONE:	

COMPLAINT:

Clearly indicate the details of the complaint and attach any records, reports, statements, etc., which support this complaint. If more than two OIG employees or witnesses are involved, please list the additional persons within this area. Use the backside of this page and/or attach additional pages if more space is required.

PRINTED NAME OF COMPLAINANT

DATE

SIGNATURE OF COMPLAINANT

DATE