



DA NUMBER: _____
(For Office Use Only)

DALLAS COUNTY DISTRICT ATTORNEY'S OFFICE CRIMINAL COMPLAINT / REQUEST FOR INVESTIGATION

DISCLAIMER:

This form is intended for individuals who wish to request that the Dallas County District Attorney's Office investigate an alleged criminal offense. Submission of this form **does not automatically initiate a criminal investigation** or guarantee prosecution. The Dallas County District Attorney's Office is primarily a prosecutorial agency. You are strongly encouraged to report any potential criminal offenses to an appropriate investigative law enforcement agency and consult with a private attorney to fully determine your rights and potential civil remedies related to your complaint.

Law enforcement personnel will review the information provided to determine whether there is sufficient cause to proceed. Knowingly providing false, misleading, or fraudulent information may result in criminal prosecution under applicable state law. Please provide as much factual detail and documentation as possible to assist investigators. Attach additional pages if necessary.

SECTION 1 — COMPLAINANT INFORMATION

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Home Address: _____
City: _____ State: _____ ZIP: _____

SECTION 2 — SUSPECT INFORMATION (if known)

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Complainant (if any): _____

SECTION 3 — REPORT INFORMATION

Have you reported the incident to another law enforcement agency? Yes No

If so, which agency? _____ Service No. _____

Is this related to a civil proceeding? Yes No

If so, provide the Court and Case number: _____

SECTION 4 — OFFENSE INFORMATION

Type of Offense (select all that apply):

Family Violence Public Integrity / Civil Rights Conviction Integrity Sexual Assault
 Specialized Crime / Fraud Elder Abuse Gang / Organized Crime Child Abuse
 Other: _____

Date(s) of Offense: _____

Location(s) of Incident: _____

City/County: _____

Description of Incident:

(Provide a detailed account of the events, including who was involved, what occurred, and any evidence or witnesses.)

SECTION 5 — EVIDENCE AND WITNESSES

Do you have any physical or digital evidence? Yes No

If yes, describe (e.g., photos, videos, documents, messages): _____

Witness(es):

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____

SECTION 6 — AFFIRMATION

I certify that the information provided in this complaint to the District Attorney's Office is true and correct to the best of my knowledge and belief. I further certify that this complaint was submitted solely for the purpose of initiating a criminal investigation and prosecution, not for the purpose of recovering personal property or any other thing of value. I understand that making a false report to a peace officer, investigator, or law enforcement employee is a criminal offense in the State of Texas under Texas Penal Code § 37.08. I authorize the District Attorney's Office to use the information in this complaint and share it with other law enforcement agencies as necessary to investigate and prosecute any criminal offenses stemming from this complaint.

SIGNATURE OF COMPLAINANT

SWORN TO and subscribed before me on the _____ day of _____, 20 _____.
Notary Seal or Stamp

Signature of Notary Public, State of Texas

Notary's Printed or Typed Name

Notary's Commission Expires