## LAWBREAKING ENTITY COMPLAINT THE TEXAS ATTORNEY GENERAL'S OFFICE

Texans may submit complaints about cities, counties, other local governments, and institutions of higher education that refuse to enforce immigration law in Texas. The Attorney General may then sue the local entity to compel it to abide by Texas law.

OFFICE USE ONLY

Docket Number

For questions, you may refer to the SB4 Complaints website or call the Texas Attorney General's SB4 Hotline at 1-833-892-7396.

Please be aware that information submitted on this form may become a public record and may be disclosed to third parties. Be aware that Texas law does not classify this form and any information you submit on this form as confidential. For questions, please call the Texas Attorney General's SB4 Hotline at 1-833-892-7396.

Date Hand-delivered or Date Postmarked

		I. IDEN	NTITY OF	CITIZ	EN COMP	LAINANT (Y	OU)		
1	COMPLAINANT NAME	MS / MRS / I	MR		FIRST		MI		
	(REQUIRED)	NICKNAME			LAST		SUFFIX		
2	COMPLAINANT PHYSICAL ADDRESS	ADDRESS		APT / SUITE		·	TATE;	ZIP CODE	
_	(REQUIRED)		(Full home or business address, including street, city, state, and zip code)						
3	COMPLAINANT MAILING ADDRESS	ADDRESS		APT / SUITE #	<del>!</del> ;	CITY; ST	ATE;	ZIP CODE	
	(check if same as above) (REQUIRED)			(Full street or r	nailing address, includir	ng city, state, and zip code	)		
4	COMPLAINANT TELEPHONE NUMBER (REQUIRED)	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINA E-MAIL ADDRESS (REQUIRED IF KN				
	II. IDENT	ITY OF R	ESPONDE	NT (LA	<b>NBREAKIN</b>	G ENTITY O	r individ	UAL)	
6	RESPONDENT NAME	MS/MRS/M	MR (AND/OR ENTITY N	AME)	FIRST		MI		
	(IF KNOWN)	NICKNAME			LAST		SUFFIX		
7	(IF KNOWN)  RESPONDENT POSITION OR TITLE, AND ENTITY NAME	NICKNAME			LAST		SUFFIX		
	RESPONDENT POSITION OR TITLE, AND	NICKNAME		APT/SUITE#;		CITY; ST	SUFFIX  ATE;	ZIP CODE	
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9	RESPONDENT POSITION OR TITLE, AND ENTITY NAME RESPONDENT PHYSICAL ADDRESS  RESPONDENT MAILING ADDRESS	ADDRESS	·	full home or busine	ess address, including str C	eet, city, state, and zip code)	ATE; TE;		
9	RESPONDENT POSITION OR TITLE, AND ENTITY NAME RESPONDENT PHYSICAL ADDRESS  RESPONDENT MAILING ADDRESS  (check if same as above)  RESPONDENT TELEPHONE	ADDRESS	(	Full home or busine  APT/SUITE#;  (Full street or mained)	ess address, including str C	eet, city, state, and zip code)	ATE; TE;		

III. NATURE OF ALLEGED VIOLATION	Page 2
How did this entity or individual prohibit enforcement of immigration law? Did the city, county, or other entity fail a detainer request? Did the entity use a policy or practice (or take actions) that would prohibit enforcement of immlaw? Please be as specific as possible.	to honor nigration
Please include as much detail as possible in order to help us determine whether your complaint is valid. Feel free to additional attachments, such as a typed response.	o include
ATTACH ADDITIONAL PAGES AS NEEDED	

IV. STATEMENT OF FACTS	Page 3
State the facts constituting the alleged violation(s), including the dates on which of time in which the alleged violation(s) occurred. Also, do you reside within the city, covering the entity you are complaining about? Or, are you an employee of the gove or are you enrolled at an institution of higher education (if you are complaining abpolice department)? Once again, feel free to attach additional pages as necessary.	r the period of county, or area ernment entity, out a campus
ATTACH ADDITIONAL PAGES AS NEEDED	

V. Verification

Please fill out this form. NOTE: If you lack a notary, you may still submit your complaint form. In that event, the Attorney General's Office may contact you to complete a sworn verification.

	I,	. complainant.
	swear that I am a resident of the state of Texas	
	institution of higher education in Texas. I swear	r that all of the facts asserted in this
	complaint are true and correct, to the best of my	knowledge.
	Signature o	f Complainant (you)
AFFIX NOTARY STAMP / SEAL ABOVE		
The below information will be fill	led out by a notary:	
Sworn to and subscribed before me in	County, Texas by the said	
	county, rondo sy allo calla	(Complainant)
this the day of	20, to certify which, witness my hand and seal of	f office
<u></u> , .	, to columy which, wances my hand and coar of	. emee.
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Signature of officer authinistering batti	Fillied hame of officer administering oath	Title of officer authinistering oath
VI Additional v		
vi. Additional v	erification [OAG USE ONLY/ <u>DO NOT C</u>	OMPLETE]
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