

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.

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.

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

I. IDENTITY OF CITIZEN COMPLAINANT (YOU)

1 COMPLAINANT NAME (REQUIRED)	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
2 COMPLAINANT PHYSICAL ADDRESS (REQUIRED)	ADDRESS	APT / SUITE #;	CITY;	STATE; ZIP CODE
	(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS <input type="checkbox"/> (check if same as above) (REQUIRED)	ADDRESS	APT / SUITE #;	CITY;	STATE; ZIP CODE
	(Full street or mailing address, including city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER (REQUIRED)	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS (REQUIRED IF KNOWN)

II. IDENTITY OF RESPONDENT (LAWBREAKING ENTITY OR INDIVIDUAL)

6 RESPONDENT NAME (IF KNOWN)	MS / MRS / MR (AND/OR ENTITY NAME)	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
7 RESPONDENT POSITION OR TITLE, AND ENTITY NAME				
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS	APT / SUITE #;	CITY;	STATE; ZIP CODE
	(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS <input type="checkbox"/> (check if same as above)	ADDRESS	APT / SUITE #;	CITY;	STATE; ZIP CODE
	(Full street or mailing address, including city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (if known)

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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 or an employee of or enrolled at an institution of higher education in Texas. I swear that all of the facts asserted in this complaint are true and correct, to the best of my knowledge.

Signature of Complainant (you)

AFFIX NOTARY STAMP / SEAL ABOVE

The below information will be filled out by a notary:

Sworn to and subscribed before me, in _____ County, Texas by the said _____,
(Complainant)

this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

VI. Additional verification [OAG USE ONLY/DO NOT COMPLETE]

I, _____, complainant, swear that I am a resident of the state of Texas or an employee of or enrolled at an institution of higher education in Texas. I swear that all of the facts asserted in this complaint are true and correct, to the best of my knowledge.

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

The below information will be filled out by a notary:

Sworn to and subscribed before me, in _____ County, Texas by the said _____,
(Complainant)

this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath