

# Office of the Constable

Precinct 4



Bell County

Constable  
Edd Melton III

Bell County Annex  
301 Priest Drive  
Killeen, TX 76541

Office (254) 634-6263  
Fax (254) 634-6740

Email Address:  
[edd.melton@bellcounty.texas.gov](mailto:edd.melton@bellcounty.texas.gov)

Chief Deputy  
Calvin Brow

## CITIZEN COMPLAINT PROCESS

If a person would like to initiate a complaint against a member of this department, either for a service complaint or for a personnel complaint, and they have the standing to do so, they may start the process by making initial contact with the department by telephone, email, mail, or in person at our office, at which time you will be required to provide a written statement in accordance with Texas Government Code 614.002.

Upon completion of the detailed statement/complaint form, the complainant will turn it in to this office at 301 Priest Drive, Killeen, TX 76541 in person or by mail.

When describing the incident in question, please be as detailed as possible, including all pertinent details such as dates/ times/ location, and any witnesses to the alleged incident (with their contact information, if available).

Once the statement is received, the process will proceed with an investigation, and a copy of the complaint will be provided to the employee alleged to have been involved in the reported incident per Texas Government Code 614.023.

After the appropriate investigation, the complainant(s) will be informed about the outcome of the investigation in writing.





**This statement is a true and accurate account of what had occurred, and I understand that I could face criminal charges for knowingly making a false report. I understand that I will be informed of the results of this investigation and I am/ am not (circle one) willing to testify in any internal and/ or criminal hearing on this matter.**

X \_\_\_\_\_

**SIGNATURE OF COMPLAINANT**

**EMPLOYEE ACKNOWLEDGEMENT**

**This complaint will be investigated as soon as possible. If you wish to provide information which may mitigate or explain your actions, you must do so within three (3) working days after the date that you receive a copy of this complaint notice. Once the investigation is complete, all the information available will be considered. If the complaint is substantiated, you will be notified of any disciplinary action recommended by your supervisor.**

X \_\_\_\_\_

**Employee signature acknowledging receipt**

\_\_\_\_\_

**Date signed**

THIS STATEMENT IS A TRUE AND ACCURATE ACCOUNT OF WHAT OCCURED AND I UNDERSTAND THAT I COULD FACE CRIMINAL CHARGES FOR KNOWINGLY MAKING A FALSE REPORT. I UNDERSTAND THAT I WILL BE INFORMED OF THE RESULTS OF THIS INVESTIGATION AND I AM \_\_\_\_\_AM NOT \_\_\_\_\_ WILLING TO TESTIFY IN ANY INTERNAL AND/OR CRIMINAL HEARING ON THIS MATTER.

X

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SIGNATURE OF COMPLAINANT

**EMPLOYEE ACKNOWLEDGMENT**

THIS COMPLAINT WILL BE INVESTIGATED AS SOON AS POSSIBLE. IF YOU WISH TO PROVIDE INFORMATION WHICH MAY MITIGATE OR EXPLAIN YOUR ACTIONS, YOU MUST DO SO WITHIN THREE (3) WORKING DAYS AFTER THE DATE YOU RECEIVE A COPY OF THIS COMPLAINT NOTICE. ONCE THE INVESTIGATION IS COMPLETET, ALL OF THE INFORMATION AVAILABLE WILL BE CONSIDERED. IF THE COMPLAINT IS SUBSTANTIATED, YOU WILL BE NOTIFIED OF ANY DISCIPLINARY ACTION RECOMMENDED BY YOUR SUPERVISOR.

X

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EMPLOYEE SIGNATURE ACKNOWLEDGING RECEIPT

DATE SIGNED