



TEXAS FORENSIC SCIENCE COMMISSION

Justice Through Science

1700 North Congress Ave., Suite 445
Austin, Texas 78701

TEXAS FORENSIC SCIENCE COMMISSION COMPLAINT FORM

Please complete this form and return to:

Texas Forensic Science Commission
1700 North Congress Avenue, Suite 445
Austin, Texas 78701
Email: info@fsc.texas.gov
[P] 1.888.296.4232
[F] 1.888.305.2432

The Texas Forensic Science Commission (“FSC”) investigates complaints alleging professional negligence or misconduct that would substantially affect the integrity of the results of a forensic analysis conducted by an accredited crime laboratory. The Commission also has jurisdiction to investigate non-accredited forensic disciplines and non-accredited entities under more limited circumstances, such as to make observations regarding best practices or for educational purposes. (For a comprehensive review of the Commission’s jurisdiction, please refer to Tex. Code Crim. Proc. 38.01 as amended by Tex. S.B. 1238, 83rd Leg., R.S. (2013)).

Please be aware that the FSC investigates allegations involving “forensic analysis.” This term includes any medical, chemical, toxicological, ballistic, or other expert examination or test performed on physical evidence, including DNA evidence, for the purpose of determining the connection of the evidence to a criminal action.

However, the term “forensic analysis” does not include the portion of an autopsy conducted by a medical examiner or other forensic pathologist who is a licensed physician. **Please be advised that if you submit a complaint regarding the results of an autopsy, it is highly likely your complaint will be dismissed.** (Note: the forensic testing done in connection with an autopsy, such as toxicology, is included within the Commission’s jurisdiction even though the autopsy itself is not.)

The FSC will examine the details of your complaint to determine what level of investigation to perform, if any. All complaints are taken seriously. Because of the complex nature and number of complaints received by the FSC, we cannot give you any specific date by which that review may be completed.

If the criteria for an investigation are met, the FSC will send a letter to the laboratory/facility and/or individual(s) named in the complaint indicating that the FSC has received the complaint. The FSC will then request a response from the entity and/or individual who is the subject of the complaint. We may also need to obtain additional information from you.

If the criteria for an investigation are not met or the FSC declines to investigate further, you will receive a letter from the FSC.

The Commission’s statute allows it to withhold from disclosure information submitted regarding a complaint until the final investigative report is issued. **However, after a report is issued, all information and complaints are subject to public disclosure under the Texas Public Information Act (Texas Government Code Chapter 552).**

You may submit a complaint without disclosing your identity. However, the FSC cannot guarantee your anonymity. Also, please note that filing a complaint without disclosing your identity may impede the investigation process, especially if our ability to contact you is limited.

Your cooperation, patience and understanding are appreciated.

TEXAS FORENSIC SCIENCE COMMISSION • COMPLAINT FORM (Cont.)

1. PERSON COMPLETING THIS FORM

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Email Address (if any): _____

2. SUBJECT OF COMPLAINT

List the full name, address of the laboratory, facility or individual that is the subject of this disclosure:

Individual/Laboratory: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Date of Examination, Analysis, or Report: _____
Type of forensic analysis: _____
Laboratory Case Number (if known): _____

Is the forensic analysis associated with any law enforcement investigation, prosecution or criminal litigation?
Yes _____ No _____

★ If you answered “Yes” above, provide the following information (if possible):

★ Name of Defendant: _____

★ Case Number/Cause Number: _____
(if unknown, leave blank)

★ Nature of Case: _____
(e.g burglary, murder, etc.)

★ The county where case was investigated, prosecuted or filed: _____

★ The Court: _____

★ The Outcome of Case: _____

★ Names of attorneys in case on both sides (if known): _____

Your relationship with the defendant: _____

Self _____ Family Member _____

Parent _____ Friend _____ Attorney _____

None _____ Other (please specify): _____

If you are not the defendant, please provide us with the following information regarding the defendant:

Name: _____

Address (if known): _____

Home Phone: _____

Work Phone: _____

3. WITNESSES

Provide the following about any person with factual knowledge or expertise regarding the facts of the disclosure. Attach separate sheet(s), if necessary.

First Witness (if any): _____

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

Email Address: _____

Second Witness (if any): _____

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

Email Address: _____

Third Witness (if any): _____

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

Email Address: _____

