Personnel Complaint Form

DO NOT USE THIS FORM FOR EMERGENCIES. Call 911 for immediate assistance.

Complaints may be submitted anonymously. Limited information may affect the Department's ability to investigate.

1. Your information

Full name (optional if anonymous)

Phone

Email

Preferred contact method

Mailing address

☐ I am submitting this complaint anonymously.

2. Employee and incident information

Employee name or badge number (if known)

Police unit number or description

Incident date

Approximate time

Incident, citation, or case number (if known)

Incident location

3. Complaint details

Describe what occurred in chronological order. Include specific words or actions, injuries or damage, and relevant facts.

Continue on Page 2 if additional space is needed.

Personnel Complaint Form

3. Complaint details - continued

4. Witnesses and supporting information

Witness names and contact information

Describe supporting records or evidence (photos, video, audio, documents, or other items)

5. Certification and contact permission

- [ ] I certify that the information provided is true and accurate to the best of my knowledge.
- [ ] The Department may contact me for additional information.

Typed name or signature

Date

Complaint information may be subject to disclosure under the Texas Public Information Act, unless an exception applies. The Department will handle records in accordance with applicable law and policy. Submitting a complaint does not prevent you from pursuing other lawful remedies.