NEW BRAUNFELS POLICE DEPARTMENT
COMPLAINT FORM

1. Reported by: _____ Date reported: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone number: _____
Area code Number

2. Witnesses:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone number: _____
Area code Number

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone number: _____
Area code Number

3. Officer(s) / Employee(s):

Name: _____ Rank: _____ Badge number: _____

Name: _____ Rank: _____ Badge number: _____

Provide details on other side

DO NOT WRITE BELOW THIS LINE

Received by: _____ Date: _____

Forward to: Prof. Stand._____ CID_____ Div. Sup._____ Direct Sup._____

Received by: _____ Date: _____

Action taken: _____

_____

_____

_____

Return to Professional Standards no more than ten (10) days after receiving forwarded complaint

Date returned: _____ Disposition: _____

Details of incident (Include date, time and location):

I swear that the events related herein are true and correct to the best of my knowledge.

_____
Signature of complainant

Subscribed and sworn to before me, _____, a peace officer in the State of Texas and pursuant to Section 602.002, Texas Government Code, on this the _____ day of _____, _____.

_____
Peace Officer