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