

FLORESVILLE POLICE DEPARTMENT



PERSONNEL COMPLAINT

Complainants Full Name	Complainants Address	Complainants Phone ()
Date of Alleged Misconduct		Approximate Time of incident
Location Where Incident Occurred		
If an arrest was made, name of person(s) arrested		
Arrested Person's Address		Arrested Person's Telephone
Relationship of Arrested Person to Complainant		
Name of FPD Employee(s) Involved		
Name, Address, Telephone of witnesses		
FOR OFFICIAL USE ONLY		
FORMAL INFORMAL _____		

Copy Received

Response Waived

Employee Signature DATE

Employee Signature DATE

