UNIVERSITY OF NORTH TEXAS

Police DepartmentComplaint Form



Date

Complainant Contact Information	
Name:	Primary Phone #:
Address:	Secondary Phone #:
City, State, Zip:	
Incident Information (The information does not have to be complete. Please fill in as much information as possible to assist with processing the complaint.)	
Date & Time:	Name of Employee:
Location:	Nature of Complaint:
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Brief Narrative of Incident:	
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The foregoing statement is true to the best of my knowledge and belief.	

Witness Signature

Date

Signature