CITY OF ANGLETON
POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

REVISED 4/30/03

It is the policy of the Angleton Police Department to thoroughly and effectively investigate all complaints against our personnel. It is our desire to provide honest efficient police service and to inspire public confidence in the Angleton Police Department and our personnel

Please complete this form. Should you need assistance in completing this form a member of the Police Department will gladly assist you. Should you desire to remain anonymous, an investigation will still be conducted; however, this needed information could seriously hamper a thorough and complete investigation.

_____ ____ _____ _____
Last Name First Name Mi

_____
Address City State & Zip

_____ _____ _____ Best time to contact you _____
Home telephone Work telephone Other

Complaint received by: (Telephone) (Letter/Correspondence)
Please circle one (In Person) (Third Person)

Document in your own words as much information as possible including date, place, and name of the person involved in your complaint. If a member of the Angleton Police Department has assisted you in completing this form or information, please name the member in your documentation.

_____

_____

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_____

_____

_____
(Attach extra sheet if more space is necessary)

I, _____, STATE THAT THE ABOVE INFORMATION IS
Print Name

TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature Date Time

RECEIVED BY: _____, OF THE ANGLETON POLICE
(POLICE OFFICIAL) TITLE

DEPARTMENT ON THIS _____ DAY OF _____, 20_____