CITY OF RAYMONDVILLE UVALDO ZAMORA

POLICE DEPARTMENT CHIEF OF POLICE

523 W. Hidalgo

Raymondville, Texas 78580

PERSONNEL COMPLAINT FORM

Your Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Day Phone: _____Evening Phone: _____

Type of Incident/Complaint: _____

Date of Incident: _____Time of Incident: _____

Involved Individuals

Please list name(s) of involved Police Department employees, any witnesses, and other involved parties. Please include addresses and telephone numbers, if known. If name of the Department employee is unknown, list identifying information or a description.

Identify Below **(p) Police Employee** **(w) Witness** **(o) Other**		**Address of Person**	**Telephone #** **Home** **Other**	

Supervisory Preliminary Investigation

( ) Interviewed complainant( ) Photographs

( )Interviewed Witnesses ( ) Citizen

( )Identified Department Employees( ) Department Employees

( )Secured Communications Records( ) Videotapes

( )Canvass Done ( ) Vehicle

( ) Area( ) Jail/Booking Desk

( ) Jail/Booking ( ) Other

( )Reports Attached ( ) Medical Treatment

( ) Audio Recording ( ) Release Obtained

Date Received:_____Time Received:_____Received By:_____

Nature of Comment/ Complaint

Please describe the details of the incident including date, time location, and case or citation number, if appropriate.

_____

_____ **Signature**_____