



BARBERS HILL ISD
POLICE DEPARTMENT
Protecting our future

Citizen Commendation / Complaint Form

Mail/Submit to:

Barbers Hill I.S.D. Police Department, P.O. Box 1108 9600 Eagle Drive Mont Belvieu, TX 77580

Email to:

bhpd@bhisd.net

Please select one: Commendation Complaint Date: _____

Name: _____ Address: _____
Block Number, Street Name and Apt/Suite# or P.O. Box City/Town, State Zip Code

Date of Birth: _____ Driver License #: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred method of contact: _____

Incident Information

Date: _____ Time: _____ Location: _____

Case# (If known): _____ Employee Name (If known): _____

Nature of Commendation / Complaint: _____

Details *(Please be sure to include all dates, times and names of any person(s) involved if known)*: Initials: _____

I understand that I may be required to appear in person for the purpose of being interviewed and/or to complete a sworn statement if the matter referenced above involves a complaint on an Officer.

Signature

Print

Date

Department Use Only

Date Received: _____ Time Received: _____ AM PM

Received by: _____ Entered by: _____

Name: _____ Initials: _____ Page: ____ of ____