



WISD POLICE DEPARTMENT
Record of Complaint



Report Date: _____ **Time:** _____

Complaint Received From: (select one) _____ Person _____ Phone _____ Letter _____ Anonymous

Information From: (select one) _____ Complainant _____ Reporter _____ Witness
_____ Police Officer _____ Civilian

Name:

Last: _____ First: _____ Middle: _____

Age: _____ Race: _____ Sex: (select one) _____ M _____ F

Address:

Residence: _____ Phone: _____

City State Zip

Business: _____ Phone: _____

City State Zip

Was the complainant charged with an offense? (select one) _____ Yes _____ NO

Charges Filed: _____

Incident Information:

Date: _____ Time: _____ Location: _____

Officer(s) Involved:

Rank: _____ Employee(s) Name(s) _____ Employee # _____ Race _____ Sex _____ Assignment _____

Allegations from Complainant:

Complainant's signature: _____ Date: _____ Time: _____

Officer's signature: _____ Date: _____ Time: _____

Date Received: _____ Control Number: _____

=====

Administrative Use Only

Classification: _____ Allegation(s): _____

Email form to craig.goodman@wacoisd.org (Chief of Police) and jeff.freeman@wacoisd.org (Lieutenant)