



Anna ISD Police Department Employee Compliment/Complaint Form

Date Compliment/Complaint Made: _____

Date of Occurrence: _____

Location of Occurrence: _____

Employee subject of
Compliment/Complaint: _____

Person Making
Compliment/Complaint: _____

Nature of
Compliment/Complaint: _____

Description of what occurred: _____

Signature of person making
Compliment/Complaint: _____

How was the complaint received? In-person____, Email____, Phone____ Mail____



Date employee given copy of compliment or complaint: _____

Signature of employee acknowledging receiving copy of compliment/complaint:

_____ Date: _____

_____ Date: _____

Signature of Supervisor providing form to employee

Official use only below

If complaint complete, next section:

Alleged Policy

Violation/s: _____

Date assigned for

Investigation: _____

Personnel assigned to investigate the complaint: _____

Classification of complaint: Informal____, Formal____, Incomplete____

Garrity Warning given to employee: Yes/No:_____ Date:_____

Attach any other documentation.