

BRIDGEPORT POLICE DEPARTMENT

1000 Thompson Street
Bridgeport, Texas 76426
Personnel Complaint

I.A.C. Number _____

(Please Print)

I, _____, wish to make a complaint against
_____; my complaint is based on the following facts.

Date Occurred: _____ Time Occurred: _____ am/pm.

Location: _____

Details of Incident

(Use back page if needed)

Complainant Information

Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Mobile Phone: _____

I understand, it is desired, that this complaint will be investigated diligently. I further understand that if the investigation proves these allegations to be false, I may be liable to both criminal and civil prosecution. (Texas Penal Code 37.08) I also understand that in some cases I may be asked to submit to a polygraph examination as a part of this investigation.

Date: _____ Signature: _____

