Burleson Police Department
Personnel Complaint Form

Complainant: _____ (Last Name) _____ (First Name) _____ (Middle)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Phone: _____ (Home) _____ (Work) _____ (Pager / Mobile)

Place of Employment: _____

Driver's License Number: _____ **Other Identification:** _____

How received: **In person** ☐ **Telephone** ☐ **Letter** ☐ **Other** ☐

Location of Incident: _____

On duty: **Yes** ☐ **No** ☐ **Date of Incident:** _____ **Time:** _____

Officer or Employee(s) involved:

Name _____ **Badge No.** _____

Name _____ **Badge No.** _____ **Name** _____ **Badge No.** _____

Nature of Complaint: _____

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Signature of Complainant

Received by: _____ **Date:** _____ **Time:** _____

BPD 200-05 EX