TOM BEAN POLICE DEPARTMENT
PERSONNEL COMPLAINT

INCIDENT INFORMATION	
Date of Incident:	Time of Incident:
Location of Incident:	Incident number (if known):

COMPLAINANT INFORMATION	
Name:	Date of Birth: / /
Address:	Telephone: ( )

ACCUSED EMPLOYEE(S)	
1.	2.

ALLEGATION(S)
Use additional sheets if necessary

WITNESS INFORMATION	
Name:	Date of Birth: / /
Address:	Telephone: ( )

COMPLAINANT SIGNATURE	SUPERVISOR SIGNATURE
Date: / /	Date: / /

NOTICE: *Any willful or intentional misrepresentation of fact will be treated as a "false report" and prosecuted under applicable laws. Violators will be subject to fine not to exceed $2,000, confinement in jail for a term not to exceed 180 days, or both fine and confinement.*