



HURST POLICE DEPARTMENT Personnel Complaint

I.A. Complaint #: _____

Please print or type

I, _____, wish to make a complaint against
_____, who is an employee with the Hurst Police Department.

PERSONNEL COMPLAINT INFORMATION

Date of Occurrence	Date Occurred:	Time Occurred:	<input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.	
	Location:			

Complainant Information	Name:		Date of Birth:		
	Address:		City:	St:	Zip:
	Home Phone:		Work Phone:		

Witness Information	Name:		Contact Phone:		
	Address:		City:	St:	Zip:
	Name:		Contact Phone:		
	Address:		City:	St:	Zip:
	Name:		Contact Phone:		
	Address:		City:	St:	Zip:
	Name:		Contact Phone:		
		City:	St:	Zip:	



HURST POLICE DEPARTMENT
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