



HSC POLICE DEPARTMENT

Commendation/Complaint Form

Contact Information

| | | | |
|----------|--------|------|------------------|
| Name: | | | Primary phone: |
| Address: | | | Secondary phone: |
| City: | State: | Zip: | Email: |

Incident Information

(The information does not have to be complete. Please fill in as much information as possible to assist with processing the complaint).

| | |
|----------------|----------------------|
| Date and time: | Name of PD staff: |
| Location: | Nature of complaint: |

Brief Narration of Incident

The foregoing statement is true to the best of my knowledge and disbelief.

Signature Date

Witness signature Date