

# UNT | HEALTH SCIENCE CENTER

## POLICE DEPARTMENT

### Commendation / Complaint Form

Contact Information			
Name:		Primary Phone:	
Address:		Secondary Phone:	
City:	State:	Zip:	Email:

Incident Information	
<small>(The information does not have to be complete. Please fill in as much information as possible to assist with processing the complaint.)</small>	
Date & Time:	Name of PD Staff:
Location:	Nature of Complaint:

Brief Narrative of Incident

<i>The foregoing statement is true to the best of my knowledge and belief.</i>			
_____	_____	_____	_____
Signature	Date	Witness Signature	Date