

CITIZEN COMPLAINT FORM

It is the policy of the Brazoria Police Department to thoroughly and effectively investigate all complaints against our personnel. It is our desire to provide honest, efficient police service and to inspire public confidence in the Brazoria Police Department and our personnel.

Please complete this form. Should you need assistance in completing this form, a member of the Police Department will gladly assist you. Should you desire to remain anonymous, an investigation will still be conducted; however, this needed information could seriously hamper a thorough and complete investigation.

Last Name
First Name
MI

Address
City
State & Zip

_____ Best time to contact you: _____

Home Telephone Work Telephone Other

Complaint received by Telephone Letter/Correspondence In Person Third Person

Document in your own words as much information as possible concerning your complaint and information. If a member of the Brazoria Police Department has assisted you in completing this form or information, please name the member in your documentation. (Please use additional paper if necessary):

Signature of Complainant

Date/Time

Signature of member receiving complaint

Title

