ANGELO STATE UNIVERSITY
POLICE DEPARTMENT
ASU Station #11012
San Angelo, Texas 76909-1012
Phone: (325) 942-2071
Fax: (325) 942-2279
Email: police@angelo.edu

PERSONNEL COMPLAINT FORM

Complainant's Section:

_____
Last Name **First Name** **Middle Initial**

_____
Street Address **City/State** **Zip Code** **Phone No.**

_____
Location Where Alleged Incident(s) occurred: **Date of Incident(s)** **Time of Incident(s)**

Do you desire a written response? ☐ **YES** ☐ **NO**

Do you wish to know the final disposition of your complaint? ☐ **YES** ☐ **NO**

Are you alleging any racial profiling as part of your complainant? ☐ **YES** ☐ **NO**

If someone was arrested, fill out the section below:

_____
Last Name (Arrested Person) **First Name** **Middle Initial**

_____
Street Address **City/State** **Zip Code** **Phone No.**

Indicate your relationship to the arrested person: _____

Witness or Witnesses- If any:

_____
Name of Witness **Address of Witness** **Phone No.**

_____
Name of Witness **Address of Witness** **Phone No.**

_____

Clearly Describe the Nature of Your Complaint:

Signature Section:

_____

Signature of Complainant **Date**

Complaint Received By: _____

Name **Date**

Government Code: 614.022-023 Complaints Against Law Enforcement Officers

In order for a complaint, against a law enforcement officer in the State of Texas, to be considered by a chief or the head of a police department, the complaint must be placed in writing and signed by the person making the complaint.

A copy of the signed complaint must be presented to the affected officer or employee within a reasonable amount of time after the complaint is filed and before any disciplinary action may be taken against the affected employee.