

**CASTLEBERRY ISD POLICE DEPARTMENT  
CITIZEN COMPLAINT REPORT**

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Work Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Today's Date \_\_\_\_\_ Date and Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Name(s) of Police Employee(s) Involved (if known) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name(s) of Witness(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Additional witness information attached.

Did you speak to a supervisor at the Castleberry ISD Police Dept. regarding the incident? YES  
NO

Would you like to speak to a supervisor prior to making a formal complaint?  
YES NO

If you've already spoken to a supervisor, name of supervisor: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX - FOR DEPARTMENT USE ONLY**

Supervisor's Comments:

\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor receiving complaint: \_\_\_\_\_

Copy to Complainant? YES NO Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_

Forwarded to Lieutenant Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_

