University of North Texas at Dallas
Police Department
Complaint Form

Complainant Contact Information

Name:_____ **Primary Phone #**:_____

Address: _____ **Secondary Phone #**:_____

City, State, Zip:_____ **E-Mail**:_____

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

Date & Time:_____ **Name of Employee:**_____

Location: _____ **Nature of Complaint:** _____

Brief Description of Incident:

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Signature **Date**