



Stephen F. Austin State University Police Department Record of Complaint

Report Date: _____ Time: _____ Complaint Received From: Person Phone Letter Anonymus
(Circle One)

Information From: (Circle One) Complainant Reporter Witness Police Officer Civilian

NAME:

Last: _____ First: _____ Middle: _____

Age: ____ Race: ____ Sex: M F

ADDRESS:

Residence: _____ Phone: _____
City State Zip

Business: _____ Phone: _____
City State Zip

Was the complainant charged with an offense? (Check One) __Yes __No

Charges Filed: _____

Incident Information:

Date: _____ Time: _____ Location: _____

Officer(s) Involved:

Rank: Employee(s) Names Employee # Race Sex Assignment Shift

Allegations: Complainant alleges:

Complainant's signature: _____ Date: _____ Time: _____

Officer's signature: _____ Date: _____ Time: _____

PROFESSIONAL STANDARDS USE ONLY

Date Received: _____ Control Number: _____

Classification: _____ Allegation(s): _____

Email form to Chief of Police John.Fields@sfasu and James Campbell campbellje4@sfasu.edu