

**ABILENE CHRISTIAN UNIVERSITY POLICE DEPARTMENT**

**PERSONNEL COMPLAINT/COMMENDATION FORM**

**The ACUPD strives to deliver professional police services to the community. If you have a complaint or a compliment regarding any services provided or any interaction with ACUPD personnel, please use this form to notify ACUPD command staff of the situation and your concerns. The completed form can be mailed to ACUPD, ACU Box 28010, Abilene TX., 79699 or hand-delivered to any ACUPD employee at ACUPD, 1634 Campus Court, Abilene TX.,**

**Complaints and Commendations will be forward to the ACU Chief of Police or designee for investigation and follow-up.**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **CITIZEN’S FULL NAME (PRINT OR TYPE)** | | **CITIZEN’S ADDRESS** | | **TELEPHONE NO.** | |
| **DAY & DATE OF INCIDENT(S)** | | | **APPROXIMATE TIME OF INCIDENT(S)** | | |
| **LOCATION WHERE INCIDENT OCCURRED** | | | | | |
| **IF ANYONE WAS ARRESTED OR CITED PROVIDE THEIR NAME ( IF KNOWN)** | | | **ARRESTEES ADDRESS (IF KNOWN)** | | **TELEPHONE NO. (IF KNOWN)** |
| **INDICATE YOUR RELATIONSHIP (IF ANY) TO ANYONE ARRESTED OR CITED IN THE INCIDENT** | | | | | |
| **NAME OF INVOLVED ACUPD EMPLOYEE (IF NAME IS NOT KNOWN, LIST ANY OTHER IDENTIFYING INFO )** | | | | | |
| **WITNESS OR WITNESSES (IF ANY)-** | | | | | |
| NAME OF WITNESS | ADDRESS OF WITNESS | | | TELEPHONE NO. | |
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| **NATURE OF COMPLAINT or COMMENDATION**  **CLEARLY INDICATE THE NATURE OF YOUR COMPLAINT OR COMMENDATION. (USE THE REVERSE SIDE OF THIS FORM IF MORE SPACE IS NEEDED.)** | | | | | |
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| CITIZEN SIGNATURE CITIZEN SIGNATURE WITNESSED BY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME  COPY RECEIVED: \_\_\_\_\_\_\_\_ CITIZEN REFUSED TO SIGN  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ OTHER (EXPLAIN)  EMPLOYEE SIGNATURE DATE/TIME | | | | | |