

PERSONNEL COMPLAINT FORM

IN ACCORDANCE WITH TEXAS GOVERNMENT CODE 614.023, SUB-CHAPTER B, THIS COMPLAINT MUST BE SIGNED BY THE COMPLAINANT AND RETURNED TO:

Collin County Sheriff's Office
Professional Standards Section
4300 Community Ave.
McKinney, TX 75071

Complainant: _____

Address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Employee(s): _____

Nature Of Complaint: _____

Date: _____ Time: _____ Location: _____

Complaint Received By: _____ Date: _____ Time: _____

How Received: _____

Complaint

Narative: _____

(continue on back of page if necessary and attach any pertinent documents if applicable)

Complainant Signature

Date