

**BREMOND POLICE DEPARTMENT**  
COMPLIMENT/COMPLAINT ON A POLICE OFFICER

CASE# \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Name _____	Race _____	Sex _____	DOB _____
Home Address _____	City _____	State _____	
Work Address _____	City _____	State _____	
Home Phone _____	Work Phone _____	Other _____	

**OFFICER**

Officer _____	ID# _____
Race of Officer _____	Sex of Officer _____

**INCIDENT**

Date of Incident _____	Time of Incident _____
Location of Incident _____	
Number of Officers Involved _____	On Duty _____ Off Duty _____
In Uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**WITNESSES**

Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____

**INJURIES**

Any Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain and describe injuries.
_____	
_____	
_____	
Hospital Treated At _____	Date Treated _____

Received By _____	Date _____	Time _____
Signature _____		

**BREMOND POLICE DEPARTMENT**  
COMPLIMENT/COMPLAINT AGAINST A POLICE OFFICER

**Circle one: COMPLIMENT or COMPLAINT**

DETAILS:

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Signature of Writer