



Pharr Police Department

Ruben Villegas
Chief of Police

COMPLAINT RECEPTION FORM

REPORT DATE: _____ TIME: _____ A.M / P.M.

COMPLAINT'S NAME: _____

ADDRESS: _____ CITY: _____ PHONE #: _____

DOB: _____ EMPLOYER: _____ W. PHONE: _____

OFFICERS NAMED IN COMPLAINT:

1. _____

2. _____

DATE INCIDENT OCCURRED: _____ TIME: _____

LOCATION OF INCIDENT: _____

NATURE OF COMPLAINT: _____

COMPLAINT FORM PROVIDED TO COMPLAINT? YES ____ NO ____

ACTION TAKEN BY SUPERVISOR:

