



University Police Department

Official Complaint Form

Complainant Information

Name:

T Number:

Primary Phone
Number:

Email Address:

Mailing Address:

Alternate Phone
Number:

Incident Information

Date of Incident:

Time of Incident:

Location of
Incident:

Name(s) of
Officer(s) Against
Whom Complaint
is Being Filed

Narrative/Incident Details

Please describe the incident precipitating the complaint to the best of your ability

Narrative: