



CITY OF RAYMONDVILLE  
 POLICE DEPARTMENT  
 523 W. Hidalgo  
 Raymondville, Texas 78580

UVALDO ZAMORA  
 CHIEF OF POLICE

PERSONNEL COMPLAINT FORM

Your Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Type of Incident/Complaint: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Involved Individuals

Please list name(s) of involved Police Department employees, any witnesses, and other involved parties. Please include addresses and telephone numbers, if known. If name of the Department employee is unknown, list identifying information or a description.

Identify Below (p) Police Employee (w) Witness (o) Other	Address of Person	Telephone #	
		Home	Other

Supervisory Preliminary Investigation

- |  |   |
|--|---|
| <input type="checkbox"/> Interviewed complainant         | <input type="checkbox"/> Photographs          |
| <input type="checkbox"/> Interviewed Witnesses           | <input type="checkbox"/> Citizen              |
| <input type="checkbox"/> Identified Department Employees | <input type="checkbox"/> Department Employees |
| <input type="checkbox"/> Secured Communications Records  | <input type="checkbox"/> Videotapes           |
| <input type="checkbox"/> Canvass Done                    | <input type="checkbox"/> Vehicle              |
| <input type="checkbox"/> Area                            | <input type="checkbox"/> Jail/Booking Desk    |
| <input type="checkbox"/> Jail/Booking                    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Reports Attached                | <input type="checkbox"/> Medical Treatment    |
| <input type="checkbox"/> Audio Recording                 | <input type="checkbox"/> Release Obtained     |

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

