



# BEDFORD POLICE DEPARTMENT

## Personnel Complaint Form

2121 L. Don Dodson Drive  
Bedford, Texas 76021  
Phone: 817.952.2440  
Fax: 817.952.2481

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**For Office Use Only**

IAD Control# \_\_\_\_\_ Incident #(if applicable) \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Received: \_\_\_\_\_ hours

Complaint Received By: \_\_\_\_\_ ID#(s) \_\_\_\_\_

How was complaint received?: \_\_\_\_ Telephone \_\_\_\_ In Person \_\_\_\_ E-mail \_\_\_\_ Letter  
Other (explain): \_\_\_\_\_

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Complainant Name: \_\_\_\_\_ Mr: \_\_\_\_ Ms. \_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Daytime Phone:(\_\_\_\_) \_\_\_\_\_ Alternate:(\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Employee Involved: \_\_\_\_\_ ID# \_\_\_\_\_

If more than one employee involved, please use additional forms)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ Hours

On Duty? \_\_\_\_ Yes \_\_\_\_ No In Uniform? \_\_\_\_ Yes \_\_\_\_ No

Associated with: Arrest \_\_\_\_ Citation \_\_\_\_ Traffic Stop \_\_\_\_ Offense/Incident \_\_\_\_ On-call \_\_\_\_  
Other (explain): \_\_\_\_\_

Allegation(s): \_\_\_\_\_

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**Witness Information:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

