INGRAM ISD POLICE DEPARTMENT

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PERSONNEL COMPLAINT INTENTION / INTAKE FORM

1. Complainant Contact Information
- **Full Name:** _____
- **Date of Birth:** _____
- **Mailing Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Driver's License / State ID Number:** _____ State: _____
- **Role:** Student ◯ Parent/Guardian ◯ District Staff ◯ Community Member ◯

2. Incident Information
- **Date of Incident:** _____
- **Time of Incident:** _____ AM PM
- **Location of Incident:** _____
  (e.g., High School Cafeteria, Football Stadium Parking Lot, Main Office)

3. Officer / Employee Details (If Known)
- **Officer Name(s):** _____
- **Badge Number(s):** _____
- **Vehicle/Car Number:** _____

4. Witness Information (If Applicable)
- **Witness 1 Name:** _____ **Phone:** _____
- **Witness 2 Name:** _____ **Phone:** _____

5. Statement of Fact / Narrative Description
Provide a detailed, chronological description of the event. Be as specific as possible regarding the actions and language utilized by the officer or employee. Attach additional pages if needed.

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6. Legal Acknowledgement & Signature
Texas Penal Code § 37.02 (Perjury) & § 37.08 (False Report): *It is a class B misdemeanor to knowingly make a false statement or peace officer report to a law enforcement agency. Conviction may result in fines or confinement in jail.*

I hereby swear or affirm that the allegations made in this statement are true and correct to the best of my knowledge.

Signature of Complainant: _____
Date: _____

State of Texas

County of _____

This instrument was acknowledged before me on _____ by, _____.

(Seal) Notary Public's Signature: _____