## University of Houston System Police Operations Initial Complaint Notice

Date of complaint submittal:		Complaint # (c	Complaint # (completed by IA):		
Complainant's Full Name (Print or Type):			Tolophono/	Unit Number:	
Complainant's Full Name (Fillit of Type).			Telephone/	onit Number.	
Complainant's Address:			Email:		
Date and time of alleged incident:		Date of report:			
Location(s) where incident occurred:					
If a person was arrested, print name:		Associated case number (if known):			
Name or other identifying information of the	employee agair	nst whom the allegat	ion(s) is/are be	eing made:	
Name of witness(es) (if any):	Address of wit	ness(es) (N/A if emp	oloyee):	Telephone No.:	
Clearly indicate the nature of your complaint. that an employee violated a policy, statute or		es of this process, a		efined as an accusation	
		·	-		
		Use reverse s	ide of the form	if more space is needed.	

Complainant Signature and Date	An employee named in a complaint has the right to submit a response.
	<ul><li>☐ I acknowledge my right, and intend to respond.</li><li>☐ I acknowledge my right and waive my response.</li></ul>
Witness / Supervisor Name (Print or Type)	T authowiedge my ngm and warve my response.
Witness / Supervisor Signature and Date	Employee Signature and Date
State of Texas, County of, on this of me, or proved to me through identity card or other of the county of, on the county of, on the county of, on this of the county of, on the county of, on, on, on, on, on, on, on, on, on, on	day personally appeared, known to document, to be the person whose name is subscribed to the the/she executed the same for the purposes and consideration  Seal
FOR INTERNAL USE	Supervisory Review Internal Affairs Investigation
Assigned to:	Expected completion date: