



**Leander Police Department
Personnel Complaint
705 Leander Dr
Leander, Texas 78641
(512) 528-2800**

Complainant's full name: _____ Phone number: _____

Complainant's address: _____

Incident Information

Location of incident: _____ Date: _____

Was an arrest made? Yes No *If yes, complete this section*

Name of person arrested: _____ Phone number: _____

Address of person arrested: _____

Complainant's relationship to person arrested: _____

Name or other identifying information about the LPD employee against who the allegation is being made: _____

Witness Information *if any*

Witness name: _____ Phone number: _____

Witness's address: _____

Include additional witness information on the reverse side of form

Nature of Complaint: _____

Continue on reverse side if more space needed

Complainant's Signature: _____ Date: _____

<i>Department use only</i> Date received: _____ Received by: _____
