



Alamo Heights Police Department

CHIEF R.L. Pruitt

6116 Broadway □ San Antonio, TEXAS 78209

OFFICE: 210-822-6433 □ FAX: (210) 822-7111

COMPLIMENT / COMPLAINT FORM

Tell Us About Your Encounter / Incident

Today's Date: _____ Location of Encounter / Incident: _____

☐ Compliment

Complaint

Date of Encounter / Incident: _____ Time of Encounter / Incident: _____

Tell Us About You

Submitter's Name (Last, First M.I.): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Description of Compliment or Complaint

(Please Provide details in the space provided and/or on the reverse side)

Personnel Involved

(In the space below, please provide the name, rank/assignment, badge number, and vehicle description (if known) of the personnel involved in this encounter or incident).

1. Name of Personnel: _____ Rank/Assignment: _____
Badge No.: _____ Vehicle Number/Type/Color: _____

2. Name of Personnel: _____ Rank/Assignment: _____
Badge No.: _____ Vehicle Number/Type/Color: _____

3. Name of Personnel: _____ Rank/Assignment: _____
Badge No.: _____ Vehicle Number/Type/Color: _____

Witnesses

(In the space below, please provide the Name, Address, and Contact Information of any witnesses to the encounter/incident)

1. Name of Witness: _____ Phone Number: _____
Address: _____ Email Address: _____

2. Name of Witness: _____ Phone Number: _____
Address: _____ Email Address: _____

3. Name of Witness: _____ Phone Number: _____
Address: _____ Email Address: _____

Detailed Summary

(In the space below, please provide a detailed description of your encounter/incident with the personnel listed on page 1)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Note: Please use additional pages as needed to complete your detailed summary)

Certification of Submission (COMPLAINT ONLY)

I certify that, to the best of my knowledge and belief, the information provided on this form is true and correct. I understand that making a false statement, with intent to deceive, constitutes the offense of perjury under the State of Texas Penal Code § 37.02.

SIGNATURE

DATE _____

If you have any questions regarding using this form, please contact Schertz Police Department at **(210) 619-1200**.

Compliments or complaints can be made by emailing cpriitt@alamoheightstx.gov

According to Texas Government Code § 614.022, **a complaint must be in writing and signed by the complainant** to be considered by the head of a state agency or by the head of a fire or police department.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE		
Completed Form Pages 1 through _____ Received By: _____ Assigned To: _____		
NAME (LAST, FIRST, M.I.)	RANK/POSITION	DATE/TIME