



**CONCORDIA UNIVERSITY TEXAS
POLICE DEPARTMENT**
**Citizen Complaint/
Commendation Form**

Officer Involved or Employee Information:		
Name:	Name:	
Complainant's Section:		
Last Name:	First Name:	Middle Initial:
Phone Number:	Date of Incident (s):	Time of Incident (s):
Location where alleged incident (s) occurred:		
Do you desire a written response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to know the final disposition of your complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you alleging any racial profiling as part of your complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Witness or Witnesses- If any:		
Name of Witness	Phone Number:	
Name of Witness	Phone Number:	
Name of Witness	Phone Number:	
Complaint/Commendation:		
Please provide as much information about the reason you were contacted by the officer/employee. Specific information about the date, time, and location will help in locating information if you do not know the officer/employee's name.		
Submitted by:	Date:	



Concordia University Police Department
11400 Concordia University Dr. Office D-124
Austin, TX 78726
(512) 313-3311
(512) 313-4046