



ABILENE CHRISTIAN UNIVERSITY POLICE DEPARTMENT



PERSONNEL COMPLAINT/COMMENDATION FORM

The ACUPD strives to deliver professional police services to the community. If you have a complaint or a compliment regarding any services provided or any interaction with ACUPD personnel, please use this form to notify ACUPD command staff of the situation and your concerns. The completed form can be mailed to ACUPD, ACU Box 28010, Abilene TX., 79699 or hand-delivered to any ACUPD employee at ACUPD, 1634 Campus Court, Abilene TX.,
Complaints and Commendations will be forward to the ACU Chief of Police or designee for investigation and follow-up.

DATE: _____

CITIZEN'S FULL NAME (PRINT OR TYPE)		CITIZEN'S ADDRESS	TELEPHONE NO.
DAY & DATE OF INCIDENT(S)		APPROXIMATE TIME OF INCIDENT(S)	
LOCATION WHERE INCIDENT OCCURRED			
IF ANYONE WAS ARRESTED OR CITED PROVIDE THEIR NAME (IF KNOWN)		ARRESTEES ADDRESS (IF KNOWN)	TELEPHONE NO. (IF KNOWN)
INDICATE YOUR RELATIONSHIP (IF ANY) TO ANYONE ARRESTED OR CITED IN THE INCIDENT			
NAME OF INVOLVED ACUPD EMPLOYEE (IF NAME IS NOT KNOWN, LIST ANY OTHER IDENTIFYING INFO)			
WITNESS OR WITNESSES (IF ANY)-			
NAME OF WITNESS	ADDRESS OF WITNESS		TELEPHONE NO.
NATURE OF COMPLAINT or COMMENDATION			
CLEARLY INDICATE THE NATURE OF YOUR COMPLAINT OR COMMENDATION. (USE THE REVERSE SIDE OF THIS FORM IF MORE SPACE IS NEEDED.)			
CITIZEN SIGNATURE		CITIZEN SIGNATURE WITNESSED BY:	
_____		_____	
DATE/TIME			
COPY RECEIVED:		_____ CITIZEN REFUSED TO SIGN	
		_____ OTHER (EXPLAIN)	
EMPLOYEE SIGNATURE		DATE/TIME	
_____		_____	