



**TOM BEAN POLICE DEPARTMENT
COMPLAINT FORM**

To file a complaint, please complete all the items on this form describing briefly the incident that involved you and an officer of the Tom Bean Police Department. This form must be notarized; notary service is available at city hall. You may also mail the form to:

**Tom Bean Police Department
P. O. Box 659
Tom Bean, TX 75489**

Your Name: _____		Today's Date: _____	
Address: _____			
<input type="checkbox"/> American Indian		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian/Filipino		<input type="checkbox"/> Anglo	
<input type="checkbox"/> African-American		<input type="checkbox"/> Other	
City: _____		State: _____ Zip: _____	
Home Phone: _____		Work Phone _____	
DOB: _____		Sex: Male ___ Female ___	

Provide as much information as you can about the incident.

Date of Incident: _____	Time (A.M. or P.M.) _____	Place: _____
Name of Officer(s) Involved: _____		Badge Number of Officer: _____
_____		Badge Number of Officer: _____
Officer's Race, Ethnicity: _____		
(1) Name of Witness: _____		
Address _____		

Home Phone Number: _____		Work/Other Phone Number: _____
(2) Name of Witness: _____		

Home Phone Number: _____		Work/Other Phone Number: _____

Use the space provided on the other side of this form to describe what occurred.

