

LEON VALLEY POLICE DEPARTMENT

COMPLIMENT/COMPLAINT FORM 6400 El Verde Leon Valley, TX 78238 (210) 684-1391 Ext. 252



leonvalleypd@leonvalleytexas.gov

Date:	
Donouting Douty Information	
Reporting Party Information:	
Name:	
DOB:	
Address:	
Home #: Work #:	
Email:	
Incident Information:	
Location where alleged incident occurred:	
Date and time of alleged incident:	
Police Report # (if applicable):	
Police Citation # (if applicable):	
Officer's Name: Badge#:	
**If filing a complaint, is it based on Racial, Ethnic or National Origin Profiling?	
Name, Address and phone # of any witness (if applicable):	

Nature of Companient Complaint.		
	Signature	
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County of		
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Before me, (
, know		
ofor through (descrip		
document) to be the person whose name is subs		rument
and acknowledged to me that he executed the s	ame for the purposes and	
consideration therein expressed.		
Given under my hand and seal of office this	day of	20
	uuy oi	_, _0
(Personalized Seal)	Notary Public's Signature	