



EVALUATION FORM FOR BOSQUE FARMS POLICE DEPARTMENT

Name of Complainant: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Which agency is the subject of the complaint? _____

Date and time of incident: _____

Location of incident: _____

Name of persons against whom complaint is being filed, or other identifying information (car number, badge #, etc.)

Name: _____ I.D. # Badge: _____

Vehicle: _____

Witness information, Name(s)/address/phone number or other identifying Information:

Statement of allegation: (If further space is needed use reverse side of sheet)

What would you like as an outcome from this complaint?: _____

I understand that this statement of complaint will be submitted to the Bosque Farms Police department or other agency representing the Town of Peralta and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind. I understand that the individual against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry if one is requested and to testify, under oath, concerning all matters relevant to this complaint.

Signature of Complainant: _____ Date _____

Signature of Person Receiving Complaint: _____

Date and Time Received: _____