



Midwestern State University  
Police Department  
3410 Taft Blvd.  
Wichita Falls, Texas 76308  
Phone: (940) 397-4239 Fax: (940) 397-4055  
Email: [police@mwsu.edu](mailto:police@mwsu.edu)

**PERSONNEL COMPLIMENT/COMPLAINT FORM**

**Return completed form to MSU Police Department**

**Your Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location Where Incident(s) occurred: \_\_\_\_\_

Date of Incident(s): \_\_\_\_\_

Time of Incident(s): \_\_\_\_\_

**If someone was arrested, fill out the section below (for complaint only):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Witness or Witnesses – if any (for complaint only):**

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Clearly Describe the Nature of Your Compliment/Complaint:**

**Signature Section:**

\_\_\_\_\_  
**Signature of Compliment/Complainant** **Date:**

**Compliment/Complaint Received By:** \_\_\_\_\_

**Government Code: 6144.022-023 Complaints Against Law Enforcement Officers**  
In order for a complaint against a law enforcement officer in the State of Texas to be considered by a chief or the head of a police department, the complaint must be placed in writing and signed by the person making the complaint.  
A copy of the signed complaint must be presented to the affected officer or employee within a reasonable amount of time after the complaint is filed and before any disciplinary action may be taken against the affected employee.