



Haltom City Fire Department

Complaint Processing Form

Last Name:	First Name:	MI:	Home Phone #:	
Mailing Address:	City:	State:	Zip:	Cell Phone #:
Date of Incident:	Email Address:			
Time of Incident:	Location of Incident:			
Name of Involved Employees		How Involved? (Committed act or witness)		
1.				
2.				
3.				
4.				

Statement

Clearly and chronologically state what happened, ensuring that you articulate the conduct, facts and evidence in support of your allegation(s). Please sign all pages that bear your statement and initial all corrections. Please include any available witness information including addresses and phone numbers.

I have read each page of this statement consisting of ____ page. Corrections, if any bear my initials. I certify the facts contained herein are true and correct.

Signature

Date

Questions, comments? Please Call Fire Administration 817-222-7040

"Integrity – Compassion – Enthusiasm - Respect"

Statement Continuation

Please sign and date each page that bears your statement and initial all corrections

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I have read each page of this statement consisting of _____ pages. Corrections, if any bear my initials. I certify the facts contained herein are true and correct.

Signature

Date _____

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