



# 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.

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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.

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Signature

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Date

### **Statement Continuation**

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

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.

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**Signature**

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Date