**KYLE POLICE DEPARTMENT**

**WRECKER COMPLAINT FORM**

Date Received:

(For Department Use Only)

**Mail To:**

**Kyle Police Department**

**Community Services Professional Unit**

**111 North Front Street, Kyle, Texas 78640**

**(512) 268-0859 // (512) 268-3232**

**FAX (512) 268-2330**

**Notice**

Under the Texas Public Information Act, the complainant’s identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the respondent, including your name and contact information.

**A) Complaining party:** (If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank. You will not receive case status updates and the complaint will not be discussed with you at any time.)

|  |
| --- |
| Name: |
| Address: |
| City: State: Zip: |
| Work Phone: Home Phone: Fax: |
| Wrecker Company Name: |
| E-Mail |

Contact from the department will be via e-mail

**B) Would you be willing to testify if this complaint goes to a hearing?** Yes No

**C) The person, Wrecker Company or VSF you are complaining about** (Respondent):

|  |
| --- |
| Name: |
| Company name: |
| Physical Address: |
| City: State: Zip: |
| Mailing Address (if different than above): |
| Business Phone: Fax: |
| E-Mail: |
| TDLR Number: |

**D) Explanation:** Describe your complaint in detail. Include dates, names, locations, type of service provided by respondent and events leading to you filing this complaint. If the space provided below is not adequate, you may attach additional pages. Please include in your complaint, any documentation regarding your complaint.

If you are filing your complaint anonymously it is important that you include any associated documentation (making sure you have removed your name from all documentation). If the information provided with your complaint does not contain enough information for the Department to believe a violation may have occurred, your complaint may not be opened for investigation.

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Signature of complainant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Printed name of complainant Date

I certify that I have personal knowledge of the incident alleged and the actions of the offender and that the incident alleged and the actions of the offender are truly and accurately represented herein.