



SECURITY COMPLAINT FORM

Complainant Name- Last, First Middle		Date of Birth	Gender	Race or Ethnicity	
Home Address		City	State	Zip Code	
E-mail Address		Cell Number		Alternate Contact Information	
Date of Incident	Day of Week Incident Occurred	Location of Incident	Time of Incident	Police Vehicle No. /Description	
Officers Involved (name, badge number if known)					
Physical Description of Officer (hair and eye color, height, sex, race/ethnicity etc)					
Describe Injuries (if any)			Where Treated (name of hospital, doctor etc)		
Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other officers)				Preferred Language of Communication (if other than English)	



**PORT OF
BEAUMONT**

SECURITY COMPLAINT FORM

NOTARY CERTIFICATE OF ACKNOWLEDGMENT

The State of Texas

County of _____

Before me, _____, on this day personally appeared _____, known to me (or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

(Notary Seal)

Given under my hand and seal of office this _____ day of _____, 20____.

(Notary's Signature)

Notary Public, State of Texas

Received at Port of Beaumont: _____
Reviewed & Response Sent by: _____