

COLLIN COUNTY SHERIFF'S OFFICE  
PERSONNEL COMPLAINT

COMPLAINANT:

ADDRESS:

WORK:

HOME PHONE:

WORK PHONE:

\*\*\*\*\*

EMPLOYEE(S):

NATURE OF COMPLAINT:

DATE:            TIME:            LOCATION:

RECEIVED BY:            DATE:            TIME:

HOW RECEIVED:

\*\*\*\*\*

SUMMARY OF COMPLAINT: (use back if necessary)

COMPLAINANT'S SIGNATURE: \_\_\_\_\_

Mail to:      Collin County Sheriff's Office  
                 Attn: Internal Affairs  
                 4300 Community Ave  
                 McKinney, TX 75070