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|  | **WHISTLEBLOWER INTAKE FORM DETAILS** | |
| **FIRST NAME** *(Code Name)**(Jane or Joe)* |  | |
| **LAST NAME** *(Code Name)**(Bane or Sane)* |  | |
| **WORK ADDRESS** |  | |
| **CITY, STATE, ZIP CODE** |  | |
| **EMAIL ADDRESS** *(Personal)* |  | |
| **CELL PHONE** *(Best Contact)* |  | |
| **POLICING AGENCY OR ORGANIZATION** |  | |
| **DEPARTMENT** |  | |
| **CLASSIFICATION** |  | |
| **DATE OF HIRE** |  | |
| **WORK LOCATION** |  | |
| **BRIEF SUMMARY OF YOUR ISSUE** |  | |
|  | |
|  | **DETAILS OF EVENT LEADING TO THE ISSUE** *(BE AS DETAILED AS POSSIBLE)* | |
| **TYPE OF ISSUE** | SH  DM  OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **WHO WAS INVOLVED?**  Provide names and titles. Include witnesses. |  | |
| **WHEN DID IT OCCUR?**  Date and time |  | |
| **WHERE DID IT OCCUR?**  Specific locations |  | |
| **WHAT HAPPENED?**  Describe the event in detail. Also, describe any incidents giving rise to the grievance. |  | |
| **DID THIS VIOLATE ANY POLICIES?**  List all policies, procedures, and guidelines violated  in the event described. |  | |
| **WHAT ACTION DO YOU WANT US TO TAKE?**  Describe what must be done to correct the situation / problem. |  | |

**MAIL COMPLETED FORM TO:**

ATTN: TEXAS COPS AND COMMUNITIES, INC.

PO BOX 154

STAFFORD, TEXAS 77497