



Pflugerville Police Department

Internal Affairs Complaint Form

Name: _____ Sex: M F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Case # or Call # (if applicable): _____

Describe the Incident:

Complainant Signature: _____

Date: _____

Complete and return signed form one of the following ways:

Email: professionalstandards@pflugervilletx.gov **Fax:** 512-990-6494

In Person: Professional Standards, 1611 E. Pfennig Ln., Pflugerville, TX 78660