

ANNA FIRE DEPARTMENT – COMPLAINT FORM

Revised 04/2024

Texas law requires that all complaints against Firefighters be in writing and signed by the person making the complaint. To initiate a complaint against any Anna Fire Department employee, please complete this form and submit it in person: Anna Fire Rescue, 305 S. Powell Parkway, Anna, Texas 75409.

Please contact the department for assistance at (972) 924-2143.

Contact Information

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ Email: _____ DL# _____

Incident Information

Date: _____ Time: _____ Location: _____
Report/Incident # (if available): _____

Employee(s) Information

Name: _____ Rank/ID # _____ Committed Act Witness
Name: _____ Rank/ID # _____ Committed Act Witness
Name: _____ Rank/ID # _____ Committed Act Witness

Statement

Nature of Complaint: Unprofessional Conduct/Service Improper Procedures Other _____

Relationship to Subject(s) of Complaint: Patient | Family of Patient | Coworker | Employee | Employer | Witness

Clearly and chronologically state what happened, ensuring that you articulate the conduct, facts, and evidence in support of your allegation(s). Include any available witness information including addresses and phone numbers.

Please sign and date all pages that bear your statement and initial all corrections.

I have read each page of this statement consisting of ____ page(s). Corrections, if any bear my initials. I certify the facts contained herein are true and correct.

Signature: _____ Date: _____

