Case Number:	
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Full Name and Payroll Number:

Station, Shift or Assignment:

Station, Shift or Assignment:

Telephone Number:

Supervisor's Name:

Home Address: Email Address:

Section 1

Houston Fire Department Professional Standards Office





Citizen	☐ HFD Employee
(Complete Section 1 and 3)	(Complete Section 1, 2 and 3)

I hereby submit this Complaint of Employee Misco	nduct to the Professional Standards Office (PSO)
of the Houston Fire Department. I have read City of	f Houston Executive Order No 1-39 in it's entirety.
(A copy of E.O. 1-39 may be viewed at http://www	.houstontx.gov/execorders.html)
Initials	
Section 2	
I have read the Houston Fire Departments, Code of	Administrative Procedure, Rules and Regulations,
General Orders, Guidelines, Memorandums, Execu	tive Orders and applicable City of Houston
policies and procedures in their entirety. I can attest	•
considered violations according to established docu	mentation contained within.
Initials	
Section 3	
The name(s) of the person(s) who appear to have en	ngaged or engaging in "employee misconduct"
are as follows:	
Name(s):	Shift or Assignment:
Name(s):	Shift or Assignment:
Name(s):	Shift or Assignment:
PLEASE PROVIDE THE FOLLOWING CONTAC	CT INFORMATION:

I AFFIRM that all facts and circumstances stated here are true and correct, to the best of my knowledge. I understand false statements may constitute perjury and / or misconduct.

Print Name:	_	
Signature:	- Date:	