TPWD Complaint Form

**Instructions**
Complete both pages of form. Either complete form electronically or print out to fill in using black ink.

Mail or email to:
TPWD-Internal Affairs
4200 Smith School Rd
Austin, Texas 78744-9989
complaints@tpwd.texas.gov

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**Office Use**
Assigned to:
By:
Date:
IA Number:
Division:

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**Complainant**
Full Name:
Street Address:  
City, State, Zip:
Home Phone:  
Work Phone:
Mobile Phone:  
Email:

**Employee Involved**
Name:  
State Park (if applicable):
Street Address:  
City, State, Zip:
Office Phone:

**Witnesses Involved**
Name:  
Address:  
Phone:
Name:  
Address:  
Phone:
Name:  
Address:  
Phone:
Name:  
Address:  
Phone:

*(complete page 2)*
Complaint

Clearly indicate the details involved in the complaint and attach any records, reports, or statements, etc. which support this statement. If more space is needed for the complaint, please attach additional pages.

I hereby declare that the above statement is true and correct to the best of my knowledge. I understand that a copy of this signed complaint will be given to the officer or employee within a reasonable time after the complaint is filed. I further understand that the need for a sworn (i.e. notarized) statement at a later date may be required.

Complainant’s Signature  Date

Office Use

Copy Received

Employee Signature  Date

Response Waived

Employee Signature  Date

PWD 185-E0100 (3/20)