



Universal City Fire Marshals Office

CHIEF TODD PERNA

2160 Universal City Blvd • Universal City, TEXAS 78148

OFFICE: 210-659-0333 • FAX: (210) 659-5574

COMPLIMENT / COMPLAINT FORM

Tell Us About Your Encounter / Incident

Today's Date: _____ Location of Encounter / Incident: _____

Compliment

Complaint

Date of Encounter / Incident: _____ Time of Encounter / Incident: _____

Tell Us About You

Submitter's Name (Last, First M.I.): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Description of Compliment or Complaint

(Please Provide details in the space provided and/or on the reverse side)

Personnel Involved

(In the space below, please provide the name, rank/assignment, badge number, and vehicle description (if known) of the personnel involved in this encounter or incident).

1. Name of Personnel: _____ Rank/Assignment: _____

Badge No.: _____ Vehicle Number/Type/Color: _____

2. Name of Personnel: _____ Rank/Assignment: _____

Badge No.: _____ Vehicle Number/Type/Color: _____

3. Name of Personnel: _____ Rank/Assignment: _____

Badge No.: _____ Vehicle Number/Type/Color: _____

Witnesses

(In the space below, please provide the Name, Address, and Contact Information of any witnesses to the encounter/incident)

1. Name of Witness: _____ Phone Number: _____

Address: _____ Email Address: _____

2. Name of Witness: _____ Phone Number: _____

Address: _____ Email Address: _____

3. Name of Witness: _____ Phone Number: _____

Address: _____ Email Address: _____

