

## **HD PATSA COMPLAINT FORM**



Email completed form to: <u>HPD.AutoDealers@HoustonPolice.org</u>

DATE:		
LOCATION:		
WITNESS(ES):		
PHONE #:		
OFFICER(S) PRESENT:		
OFFICER UNIT(S) #:		
YOUR NAME:		
COMPANY:		
COMPANY PHONE:		
STATEMENT OF FACTS:		



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