

Texas Department of Public Safety
Private Security Bureau
PO Box 4087, Austin, Texas 78773-0001
www.txdps.state.tx.us

COMPLAINT FORM

Note to consumer: The Texas Department of Public Safety, Private Security Bureau investigates alleged criminal violations of Chapter 1702 Texas Occupations Code and alleged administrative violations of 37 TAC 35 Texas Administrative Code. The information you provide in this complaint will be evaluated for jurisdictional authority, so be as complete as possible in the information you provide.

It is very important that this form be filled out completely. You may attach or transmit additional pages if necessary.

Please print or type clearly.

Your name: _____

Your address: _____
Number & Street City State Zip

Your telephone (area code + number): _____

Alternate phone where you can be reached: _____

Full name of person or company against whom you are complaining:

Address of person or company: _____
Number & Street City State Zip

Telephone of person or company (area code + number): _____

Complaint details (attach separate sheet if necessary)

Have you enclosed copies of any letters, checks, receipts and other documents relating to your complaint?
_____ Yes _____ No

Signature of complainant: _____ Date: _____

**NOTICE: This is a Governmental record.
Any false statement made on this document is considered a criminal violation.**

**TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
COMPLIANCE AUDIT/INVESTIGATIVE REPORT
PRIVATE SECURITY COMPANY**

**Authority: Texas Occupations Code 1702.0611 & Texas Administrative
Code Chapter 35**

BUSINESS NAME _____
 ADDRESS _____
 City, State and Zip _____
 CURRENT LICENSE # _____
 AUDITOR/REGION _____
 DATE _____

Are Items Listed in File?

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| Is the name of the company, as they are doing business, the same as it appears in the records of the Board? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the owner the same as in Board records? (List owners name in details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this company a partnership? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the partners the same as in Board records? (List current partners in details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this business a corporation? (List officers of corporation in details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the officers of the corporation the same as shown in Board records? (Show any differences in details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any of the corporate officers no longer with the company? (List the names, position and termination date of any corporate officers no longer with the company in details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the mailing address the same as it appears in the records of the Board? (If not, show the correct address in Details section of audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the principal place of business located as it appears in the Boards records? (If not, show the correct address in the details section of the audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the company have any branch office locations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(AUDIT/INVESTIGATION SYNOPSIS AND DETAILSON NEXT PAGE)

**TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
COMPLIANCE AUDIT/INVESTIGATIVE REPORT
PRIVATE SECURITY COMPANY**

Page 2

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|----------------|------|
| BUSINESS NAME | DATE |
| | |
| AUDITOR/REGION | |

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| Is the company manager the same as it appears in the Boards records? (If not, show the current manager's name in the audit details section)(If company has no qualified manager, show the name and termination date of the last qualified manager in the details section of the audit report) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all branch office locations accurate as shown in Board records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the license certificate posted in a conspicuous place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the consumer sign displayed in a prominent place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the licensee cooperate fully? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUDIT/INVESTIGATION SYNOPSIS AND DETAILS

Note: Any box marked "No" requires an explanation.

**TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
COMPLIANCE AUDIT/INVESTIGATIVE REPORT
PRIVATE SECURITY - EMPLOYEE RECORDS AUDIT**

**Authority: Texas Occupations Code 1702.127 & Texas Administrative Code Chapter 35.201 & 35.205
Revised 04/29/2011**

BUSINESS NAME _____
ADDRESS _____
City, State and Zip _____
CURRENT LICENSE # _____
AUDITOR/REGION _____
DATE _____

| Regulated Employee Name | DOB | PLACE OF BIRTH | DATE OF EMPLOYMENT | POSITION | POSITION ADDRESS | SSN# | LAST DATE OF EMPLOYMENT | COLOR PHOTOGRAPH | PRE-EMPLOYMENT CHECK | Regulated Consent to Test |
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COMMISSIONED OFFICER INFORMATION. TX Admin. Code 35.205 Commissioned Off. Must be listed above also.

| Commissioned Employee Name | CURRENT DUTY ASSIGNMENT/LOCATION | CURRENT RESIDENTIAL ADDRESS | RESULTS OF DRUG SCREENS ADMINISTERED | TRAINING RECORDS | Comm. CONSENT TO TEST DRUG / ALCOHOL |
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(AUDIT/INVESTIGATION SYNOPSIS AND DETAILS ON NEXT PAGE)

**TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
COMPLIANCE AUDIT/INVESTIGATIVE REPORT
PRIVATE SECURITY – EMPLOYEE RECORDS
Page 2**

| | |
|-----------------------|-------------|
| BUSINESS NAME | DATE |
| AUDITOR/REGION | |

AUDIT/INVESTIGATION SYNOPSIS AND DETAILS

Note: Any box marked "No" requires an explanation.