

**EQUIPMENT AND PROPERTY COMPLAINT FORM**  
**(Refer to Rule 35.13)**

Company Name: \_\_\_\_\_ Company License Number: \_\_\_\_\_

Company Address: \_\_\_\_\_  
 Number & Street City State Zip

Company Telephone: \_\_\_\_\_ Company Fax: \_\_\_\_\_  
 Area code + Number Area code + Number

Name of Licensed Manager: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

Subject of Complaint: \_\_\_\_\_  
 Last Name First Name

Subject Social Security Number: \_\_\_\_\_

Address of Subject: \_\_\_\_\_  
 Number & Street City State Zip

Telephone Number of Subject: \_\_\_\_\_  
 Area code + Number

Date of Employment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

List the items that have not been returned:

|    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

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

The above statements are true and correct

\_\_\_\_\_  
Affiant, \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Notary's printed name:

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

**NOTE:** This complaint will not be accepted or investigated without documentation of the employee's receipt of the equipment. Such documentation must be attached to this complaint.