



West University Place Police Department

Today's Date _____

Sworn Affidavit

Full Name: _____ Date of Birth: _____ Social Security #: _____

Street Address: _____ City, State: _____ Zip Code: _____

Home Phone# _____ Cell Phone # _____ Work # _____

Email Address: _____

Under Texas Government Code Section 614.022, complaints against a peace officer must be submitted in writing and signed by the person submitting the complaint.

In order to conduct a complete investigation of your complaint, please answer the following questions truthfully and specifically

Date of Incident: _____ Time of Occurrence: _____

Location of Incident _____

List names, Badge Numbers, Descriptions of Officers or Vehicles Involved

List Names of Witnesses Involved, Provided Full Name, Address, Phone Numbers. Or write "NONE" if no witnesses.

I was injured as a result of this incident.

I was NOT injured as a result of this incident.

Initial ____ Date ____

If injured, please list the type of injuries and how the injuries were sustained:

I received medical attention for the injury.

List the date, name, address, phone numbers of medical treatment providers:

Were you arrested? _____

Were you issued a citation? _____

If you answered "yes" to the above, please list the charges or citations issued:

Detailed statement of what happened and nature of complaint:

The filing of a formal complaint against an employee of the West University Place Police Department by you institutes an administrative investigation which could result in the disciplinary action being taken against the employee(s).

Therefore, a person who makes a false statement under oath concerning a complaint filed (as required by Section 614.022, Texas Government Code) against a law enforcement officer, with intent to deceive and with knowledge of the statement's meaning, is guilty of Aggravated Perjury under Section 37.03 of the Texas Penal Code, if the person has knowledge of the content of the complaint, the purpose of its filing, and the official character of the investigation conducted in connection therewith, and if the statement is material.

Initial ____ Date ____

I acknowledge that I have read the above notification prior to or at the conclusion of my statement. I can read and write the English language and solemnly swear that this statement which I have made and which I hereby affix my signature to is true and correct to the best of my knowledge and belief.

DO NOT SIGN AT THIS TIME

This document must be signed in the presence of a Notary Public provided by the West University Place Police Department.

Name: Printed _____

Signature Before Notary: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Signature _____ Notary Stamp/Seal

Initial _____ Date _____