

LCISD Police Department
Citizen Complaint
Sworn Affidavit

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| Department Use Only: | Control #: _____ |
|----------------------|------------------|

STATE OF TEXAS **DATE:** _____
COUNTY OF FORT BEND **TIME:** _____

Before me, the undersigned authority, appeared _____
(Print Affiant's Name)

who after being duly sworn on his / her oath deposes and says:

My full name is _____. I am ____ years of age, and my date of birth is _____. I currently reside at _____, in (city) _____, (state) _____, (zip code) _____. My home telephone number is _____, and my work number is _____. I can also be contacted at (other number, pager, cell, etc.) _____. My driver's license or official identification number is _____, and my Social Security Number is _____.

I HAVE BEEN INFORMED THAT UNDER TEXAS LOCAL GOVERNMENT CODE, SECTION 614.022 THAT:

- To be considered by the head of a state agency or by the head of a fire department or local law enforcement agency, the complaint must be:**
- (1) in writing; and**
 - (2) signed by the person making the complaint.**

In addition, the LCISD Police Department requires said written statement be under oath. In order to conduct a complete and thorough investigation of your complaint, we need you to answer the following questions. Please be as specific as possible.

1. Date of Incident: _____ Time of Incident: _____
2. Location of the Incident (address): _____
3. Number of LCISD Police Officers / Employees involved: _____ List any names, badge numbers, vehicle numbers and / or license plate numbers, and / or provide physical descriptors of the officer(s) involved:
 - A. _____
 - B. _____
 - C. _____

(Use separate page if necessary)

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4. Number of witnesses who observed the incident: _____
Provide full names, addresses, phone numbers, and any other identifying data. If there are no witnesses, please write the word "NONE".

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

5. Did you sustain any injuries? _____ If yes, please provide the name, address, and telephone number(s) of any doctor's office and / or hospital, as well as the date you received treatment.

(Use separate page if necessary)

6. Did you receive any medical attention? _____ If yes, please provide the name, address, and telephone number(s) of any doctor's office and / or hospital, as well as the date you received treatment.

7. Were you arrested? _____ Were you issued any tickets? _____ If yes to either question, please list the charges filed and / or citations issued and the disposition.

(Please use additional page if necessary)

(Use separate page if necessary)

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(Use additional pages if necessary.)

I have completed _____ years of school and can read and write the English language. I have read this statement in its entirety and certify that it is correct and true to the best of my knowledge.

(Printed Name)

(Signature)

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

Notary Signature: _____

}

(Notary Stamp / Seal)
}

(NOTE: A typed or hand-written statement may be attached in lieu of section 8 of this document. However, the document must be dated and signed in the presence of a Notary Public.) All pages of this statement must be dated and initialed.

(Use separate page if necessary)

Page _____ of _____ Pages

Initials: _____ Date: _____