Stafford Police Department
Citizen Complaint
Sworn Affidavit

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 Stafford 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 Stafford 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)

Stafford Police Department
Citizen Complaint
Sworn Affidavit

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)

Stafford Police Department
Citizen Complaint
Sworn Affidavit

8. Please give a detailed accounting of what happened.
(Note: You may type / write your statement out without using this form page if desired)

(Use additional pages if necessary.)

(Use separate page if necessary)

Initials: _____ Date: _____

Stafford Police Department
Citizen Complaint
Sworn Affidavit

(Use additional pages if necessary.)

(Use separate page if necessary)

Initials: _____ Date: _____

Stafford Police Department
Citizen Complaint
Sworn Affidavit

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(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)