

Complaint Form

The SWBTS Police Department is receptive to all complaints involving Department personnel. Persons wishing to make a formal complaint against a Department member must submit this completed form.

Complaints should include as much relevant known information as possible, such as:

- Date and time of the incident.
- Location of the incident.
- If known, the names, badge numbers of the involved officer(s).
- Names and contact information of witnesses and their relationship to the incident.

Any action you reasonably believe amounts to officer/employee misconduct. This Formal Complaint is an official document to be used by the SWBTS Police Department. Your completed form will be forwarded to the Command Staff for review and if necessary, investigation. The complainant (you) must swear to the truthfulness and accuracy of your form. Intentional falsifications of this sworn affidavit could result in criminal prosecution under statutes of the Texas Penal Code. If an internal investigation is merited, the affected Department member(s) will be provided a copy of this form to afford him/her an opportunity to respond to the complaint. Upon completion of an internal investigation, one of the following dispositions will be prescribed.

Sustained: The allegation is supported by sufficient evidence:

Not sustained: The available evidence was insufficient to either prove or disprove the allegation.

Exonerated: The incident being complained did occur, but Officer's actions were lawful or proper.

Unfounded: The incident did not occur

Appropriate disciplinary action, when applicable, will be taken based upon the results of the investigation. The action taken can vary according to the severity of the misconduct, etc. All administrative action taken by the Police Department is limited and bound by the Texas Local Government Code to:

1. Reprimand
2. Suspension
3. Dismissal

You will be notified of the results of the investigation when completed.

Please acknowledge that you have been informed of this procedure by signing and dating below.

Signature of Person Completing Affidavit

Date:

Date of Incident*

Time of Incident*

Name of Complaint *

Age *

D.O.B.*

Race*

Sex*

Complainant Email Address

Home Address

Street Address

Address Line 2

City

State/ Province/ Region

Postal/ Zip Code

Country

Select which form of identification you will provide

Driver's License

ID

Social Security Number

Were you charged with an offense in this incident?

Yes

No

Officer Name (first and last)*

Officer Badge

If known, please list the assignment of the employee(s) involved in this incident:

What type of complaint are you filing?*

Rudeness

Excessive Force

Inappropriate Conduct

I, _____ have been notified that Texas Government Code section 614.023
First and Last Name

provides that a complaint against a Law Enforcement Officer of the State of Texas or against a Fireman, must be placed in writing and signed by the person making the complaint and that a copy is to be furnished to the affected officer within a reasonable amount of time after the complaint is filed and before any disciplinary action may be taken.

On this _____ day of _____, _____ at _____, state that my name is
Day Month Year Time

_____, my date of birth is _____, I live at _____ in
First and Last Name MM/DD/YY Street Address

the city of _____ and the state of _____
City State

I do state that following facts occurred:*

The above statement was given of my own free will without any threats or promises and that its content is true and correct to the best of my knowledge.

Complainant's Signature