

# **TODD MISSION POLICE DEPARTMENT**

## **CITIZEN'S COMPLAINT FORM**

### **SWORN AFFIDAVIT**

**STATE OF TEXAS**  
**CITY OF TODD MISSION**

**DATE:** \_\_\_\_\_  
**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 cell number: \_\_\_\_\_. My driver's license or official identification number is: \_\_\_\_\_.

#### **I HAVE BEEN INFORMED THAT UNDER TEXAS LOCAL GOVERNMENT CODE, SECTION 143.123 THAT:**

"AN INVESTIGATOR MAY NOT CONDUCT AN INTERROGATION OF A FIREFIGHTER OR POLICE OFFICER BASED UPON A COMPLAINT BY A COMPLAINANT (PERSON) WHO IS NOT A PEACE OFFICER UNLESS THE COMPLAINANT (PERSON) VERIFIES THE COMPLAINT IN WRITING BEFORE A PUBLIC OFFICER WHO IS AUTHORIZED BY LAW TO TAKE STATEMENTS 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 or address: \_\_\_\_\_
3. Number of Todd Mission Police Officers/ Employees involved: \_\_\_\_\_

List any names, badge numbers, vehicle numbers and/or license plate numbers, And/or provide physical descriptions of the officer(s) involved

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

(Use separate page if necessary)

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. \_\_\_\_\_

5. Did you sustain any injuries? \_\_\_\_\_ If yes, please list type of injuries which were a result of this particular incident: \_\_\_\_\_

\_\_\_\_\_  
(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 questions, please list the charges filed and/or citations issued and the disposition.

\_\_\_\_\_

\_\_\_\_\_

8. Please give detailed accounting of what happened (use additional pages if needed, but do not write on the back of any page):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**I have read this statement in its entirety and certify that it is correct and true to the best of my knowledge.**

(Notary Stamp/Seal)

**This form can be submitted by any of the following methods:**

- Hand delivered to any employee of the City of Todd Mission during normal business hours at:
  - 21718 FM 1774, Todd Mission, TX 77363
- Hand delivered to any member of the Todd Mission Police Department at any location.
- Mailed to:
  - Todd Mission Police Department  
Attn: Chief of Police  
21718 FM 1774  
Todd Mission, TX 77363
- Emailed to the Chief of Police:
  - [ehagan@ToddMissionTX.gov](mailto:ehagan@ToddMissionTX.gov)
- Faxed to:
  - 936-894-3002

***Anonymous or unsigned complaints will not be accepted or investigated unless deemed to be criminal in nature.***