College of the Mainland Police Department

Complaint Form

Perjury & Written Statement Notification

Penal Code
Section 37.02 Perjury:
(a) A person commits an offense if, with intent to deceive and with knowledge of the statement’s meaning:
1. he makes a false statement under oath or swears to the truth of a false statement previously made and the statement is required or authorized by law to be made under oath; or
2. he makes a false unsworn declaration under Chapter 132, Civil Practice and Remedies Code.
(b) An offense under this section is a Class A misdemeanor.

Section 37.03 Aggravated Perjury
(a) A person commits an offense if he commits perjury as defined in Section 37.02, and the false statement:
1. is made during or in connection with an official proceeding; and
2. is material.
(b) An offense under this section is a felony of the third degree.

Government Code
614.022. Complaint to be in Writing and Signed by Complainant
To be considered by the head of a state agency or by the head of a fire or police department, the complaint must be:
(1) in writing; and
(2) signed by the person making the complaint.
You may be contacted by the officer assigned to conduct the investigation into your complaint to schedule an interview and obtain your sworn statement.
I hereby acknowledge that I have been informed of the perjury statute and of the requirement for a written, signed statement regarding my complaint.

________________________________________  ______________________
Signature                              Date

_______________________________
Printed Name

College of the Mainland
Police Department
SWORN AFFIDAVIT

State of Texas  Statement Date: ___________, 20____
County of Galveston  Statement Time: ___________ AM/PM

Before me, the undersigned authority, appeared _____________________________________________,
Who after being sworn on his/her oath deposes and says: My name is ______________________________.
I am _______ years of age. My date of birth is ___________________.
I live at __________________________________________, Zip Code______________________________.
My home phone number is ______________________ and my work phone number is ____________________
I can also be contacted at _________________________________________________________________.
My driver’s license or identification number is ___________________________.

Complainant Information
Complainant

_________________________________ Race______ Sex______ DOB____________
Address
_________________________________ City________________ State____ Zip____
Home #_________________________ Work #________________________ Other #__________

Incident
Location________________________________ Date________ Time________
Incident Case #________________________________ Complainant Injured: Yes - No

Received
By________________________________________ Date________ Time________

How Received: Phone – Person – Letter Complainant Arrested: Yes – No

Employee(s) Involved
Employee Name _________________________ Rank__________ Emp#________________
Employee Name _________________________ Rank__________ Emp#________________
Employee Name _________________________ Rank__________ Emp#________________
Employee Name _________________________ Rank__________ Emp#________________

Witnesses
Witness name______________________ Day #____________ Other #____________
Address___________________________ City________________ State__________
Witness name______________________ Day #____________ Other #____________
Address___________________________ City________________ State__________
Witness name______________________ Day #____________ Other #____________
Address___________________________ City________________ State__________
Give a full, detailed description of the incident. Please be specific. Attach additional pages if necessary.
I have completed _____ years of school and can read and write the English language. I have read this statement, and it is true and correct to the best of my knowledge. I have given this statement to ______________________________ of the College of the Mainland Police Department.

_______________________________
Signature of person making statement

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

Notary Public