

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 _____

