

**SWORN AFFIDAVIT**

**Washington County Sheriff's Office**

**Professional Standards Division**

STATE OF TEXAS

DATE \_\_\_\_\_

COUNTY OF WASHINGTON

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 telephone number is: \_\_\_\_\_, and Work number is: \_\_\_\_\_. I can also be contacted at (cell): \_\_\_\_\_. My driver's license is: \_\_\_\_\_, and my Social Security Number is: \_\_\_\_\_.

**I HAVE BEEN INFORMED and understand, THAT UNDER TEXAS LOCAL GOVERNMENT CODE Section 614.022 & 614.023 THAT: "that a complaint 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. Section 614.023 states; A copy of a signed complaint against a law enforcement officer of this state or a fire fighter, detention officer, county jailer, or peace officer appointed or employed by a political subdivision of this state shall be given to the officer or employee within a reasonable time after the complaint is filed.**

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 the Incident: \_\_\_\_\_ Time of Incident \_\_\_\_\_
2. Location of the Incident (address) \_\_\_\_\_
3. Number of Employee(s) Involved: \_\_\_\_\_

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

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

4. Number of witnesses who observed the incident: \_\_\_\_\_  
Provide full names, addresses, phone numbers and any kind of 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 the type of injuries which were a result of this particular incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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/warnings? \_\_\_\_\_.  
If yes to either question, please list the charges filed and /or citations issued and the disposition.

\_\_\_\_\_  
\_\_\_\_\_

IAD Record # \_\_\_\_\_ Incident # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please give a detailed accounting of exactly what happened.

\_\_\_\_\_  
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(Use additional pages if necessary)

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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. I also understand that making a False Report and/or statement is a violation of Texas State Law (Penal Code, Section 37.08).

\_\_\_\_\_  
(Name: Printed)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_ (Notary Stamp/Seal)



IAD Record # \_\_\_\_\_ Incident # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_