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## CEDAR HILL POLICE DEPARTMENT STATEMENT OF COMPLAINT

I understand that a complaint against a police officer of the State of Texas must be in writing and must be signed by the person(s) making the complaint against the police officer as prescribed by law and set forth in Chapter 614, Subchapter B, Texas Government Code.

Furthermore, I understand that a person(s) who makes a false statement concerning a complaint filed against any Police Department member with the intent to deceive and with the knowledge of the statement's meaning:

- May be guilty of "Perjury" under Section 37.02, Texas Penal Code;
- May be guilty of "Aggravated Perjury" under Section 37.03, Texas Penal Code;
- May be guilty of "False Report to Law Enforcement" under Section 37.08, Texas Penal Code, if the alleged misconduct involves a criminal offense;
- May be sued by the falsely-accused Police Department member pursuant to any legal remedy the accused member may have.

I also understand that a complaint against any Police Department member without a signed statement will not be investigated unless:

- The alleged misconduct involves a criminal act;
- The supervisor who is accepting the complaint, based on independent information, determines there may be validity to the complaint; or,
- The Police Chief determines the complaint should be investigated.

Complainant's Name		Sex	Race	Date of Birth
Home Address			:	Other Phone
				( )
		E-Mail Addre	ess (Optional)	or Other Phone
Location of Incident		Date		Time
Officer/Employee Involved	Officer/Empl	oyee Involved		
Officer/Employee Involved	Officer/Empl	oyee Involved		
Signature of complainant	D	Date		
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Signature	

each of those pages bears my s	statement consisting of pages, and signature, and any correction bears my initials, page of this statement.
I DO HEREBY SWEAR OR TAINED HEREIN ARE TRUE A	AFFIRM THAT ALL STATEMENTS CON-
SIGNED THIS THE	DAY OF,
201	
	SIGNATURE OF PERSON MAKING STATEMENT
•	ibed to this statement, and he/she acknowlearing or affirmation that the facts and staterue and correct.
PRINTED NAME OF NOTARY	PRINTED NAME OF WITNESS
MY COMMISSION EXPIRES:	DATE
Statement : Page of	