



**Andrews Police Department  
Complaint Against Officer (Employee)  
Administrative Investigations  
Statement Notification**



This filing of a formal complaint against an employee of the Andrews Police Department by you institutes an administrative investigation, which could result in disciplinary action being taken against the employee(s).

Therefore, **a person who makes a false statement under oath concerning a complaint filed** (as required by Section 614.022, Texas Government Code) **against a law enforcement officer**, with intent to deceive and with knowledge of the statement's meaning, **is guilty of Aggravated Perjury** under Section 37.03 of the Texas Penal Code, if he/she has knowledge of the content of the complaint, the purpose of its filing, and the official character of the investigation conducted in connection therewith, and if the statement is material.

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**I acknowledge that I have read the above notification prior to or at the conclusion of my statement.**

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COMPLAINANT

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DATE

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WITNESS

Today is \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

I am submitted a formal complaint against the following named employee(s) of the Andrews Police Department:

1)\_\_\_\_\_ 2)\_\_\_\_\_

3)\_\_\_\_\_ 4)\_\_\_\_\_

I do not know the employee(s) name. I can describe the employee as:

1) \_\_\_Male \_\_\_Female \_\_\_White \_\_\_Black \_\_\_Hispanic  
\_\_\_Asian \_\_\_Height \_\_\_Weight \_\_\_Hair Color \_\_\_

2) \_\_\_Male \_\_\_Female \_\_\_White \_\_\_Black \_\_\_Hispanic  
\_\_\_Asian \_\_\_Height \_\_\_Weight \_\_\_Hair Color \_\_\_

My complete name is:\_\_\_\_\_.

My complete address is:\_\_\_\_\_ Zip \_\_\_\_\_.

My birthday is: \_\_\_\_\_.

My Driver's license number is: \_\_\_\_\_.

My Social Security number is: \_\_\_\_\_.

Telephone numbers where I may be reached are:

( ) \_\_\_\_\_  
Home

( ) \_\_\_\_\_  
Work

( ) \_\_\_\_\_  
Cell

Tell your story in your own words using the narrative on the next page(s). Include as much detail as possible. Please include name(s), places, times, witnesses and descriptions. When you have completed the narrative, return the complaint form to the Police Department.

If there are witnesses, do not take statements from them. The assigned investigating supervisor will interview them. If you need additional pages, number and initial the bottom of each additional page. The complaint will need to be notarized. Notaries are available at the Police Department.

When you have completed preparing your complaint, you are welcome to call the Assistant Chief of Police (432-523-5675) to schedule an appointment to meet with him personally.

If the Assistant Chief is on an extended absence (vacation etc.) and you wish to speak to someone immediately, ask the receptionist to call any police supervisor to meet you in the lobby. You may leave your complaint with the receptionist who will forward it to the Assistant Chief.

A complaint should be made in a timely manner after the incident so that the details are readily available to the investigating supervisor and prompt attention can be focused to correct and/or discipline an officer acting in an unacceptable manner.

According to state law, the Police Department's receipt of the complaint, investigation, and beginning of discipline of the officer must be completed within 180 days after the occurrence of the act. For criminal matters, the time frame is 180 days from the discovery of the act.

## Narrative

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**Date and Time Incident Occurred                  Address Incident Occurred**

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**IF SPACE IS NEEDED, PLEASE ADD MORE PAGES**

# NOTARIZATION

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally  
appeared before me, the undersigned authority, \_\_\_\_\_ who,  
after being duly sworn by me deposes and says:

**The statements contained in this report, made by me, are true and  
correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_.

Sworn and subscribed to before me, a Notary Public, in and for the State  
of Texas on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_.

(stamp)