



## PORT OF GALVESTON POLICE DEPARTMENT

What is the law regarding making a complaint on a police officer?

**Texas 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.

**Texas Government Code § 614.023. Copy of Complaint to be Given to Officer or Employee**

(a) A copy of a signed complaint against a law enforcement officer, fire fighter, or police officer shall be given to the officer or employee within a reasonable time after the complaint is filed.

(b) Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.

**Texas Penal Code § 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.

***I hereby acknowledge receipt of this form and I understand its contents***

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***PLEASE SIGN & RETURN THIS PAGE IMMEDIATELY***



## **PORT OF GALVESTON POLICE DEPARTMENT**

### **Citizen Complaint Process**

The Department will hear all complaints against its members, which have been initiated by any person that is found to have standing for such a complaint.

Complaints may be reported by phone, mail, internet, or in person. All complaints will be addressed. Following the first report of your complaint, you will be asked to provide a written statement and following that, the complaint will be investigated. All investigations of citizen complaints will be conducted in a timely matter. Depending on the nature of the complaint, some will take longer than others to investigate. Upon conclusion of the investigation, you will be notified of the disposition of your complaint.

The Complaint process is a tool used to evaluate citizen concerns with regards to the performance and actions of our personnel and the agency itself. The process is not used to determine guilt or innocence or to debate the outcome of any legal proceeding; the appropriate court of venue will handle these legal proceedings.

#### **Types of Citizen Complaints:**

Generally, there are two types of citizen complaints: those regarding a particular police service and those involving police personnel.

### **Police Service Complaints**

Are those types of complaints made regarding any service performed by the Port of Galveston Police Department, and not specifically directed at an employee?

### **Police Personnel Complaints**

Are those types of complaints regarding the performance of duties, or behavior of Departmental personnel, which include, but of course are not limited to, violations of Federal, State and Local laws, established Departmental policies and procedures.

These types of complaints are generally subdivided into two categories: complaints handled by the immediate supervisor and complaints handled by the Office of Professional Standards: Examples of complaints handled by the immediate supervisor would be "Rudeness" or "minor driving violations" etc. Examples of complaints handled by the Office of Professional Standards would be, violation of Federal, State or Local laws, Excessive Force, etc.

File #: \_\_\_\_\_

### SWORN AFFIDAVIT

State of Texas  
County of Galveston

Date of Statement: \_\_\_\_\_, 20\_\_\_\_.

Before me, the undersigned authority, appeared \_\_\_\_\_, whom after being sworn on his/her oath deposes and says: My name is \_\_\_\_\_. I am \_\_\_\_\_ years of age and my date of birth is \_\_\_\_\_. I reside at (address) is \_\_\_\_\_, (city) \_\_\_\_\_, (state) \_\_\_\_\_, (zip code) \_\_\_\_\_. My home telephone number is (\_\_\_\_) \_\_\_\_\_ and my work telephone number is (\_\_\_\_) \_\_\_\_\_. I can also be contacted at \_\_\_\_\_. My state driver's license number or state identification number is (state & number) \_\_\_\_\_. I have completed \_\_\_\_\_ years of school and can read and write the English language.

**I HAVE BEEN INFORMED THAT UNDER THE PENAL CODE OF THE STATE OF TEXAS, SECTION 37.02:**

**"THAT A PERSON COMMITS THE OFFENSE OF PERJURY IF, WITH INTENT TO DECEIVE AND WITH KNOWLEDGE OF THE STATEMENTS MEANING; HE/SHE MAKE 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."**

In order to conduct a complete and thorough investigation of your complaint, please answer the following questions.

**PLEASE BE SPECIFIC**

1. Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

2. Location of incident (address): \_\_\_\_\_

3. List the name and badge number of the Port of Galveston Police Department employee(s) being **accused**:

(a) \_\_\_\_\_  
Name Badge Number

(b) \_\_\_\_\_  
Name Badge Number

(c) \_\_\_\_\_  
Name Badge Number

4. If you do not know the name of the Port employee(s) being accused, please provide the following information:

(a) Patrol Unit Number: \_\_\_\_\_

(b) Physical description of employee(s):

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

(c) Other identifiers:

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

5. Were any other Port employee(s) **present** during the alleged incident? ☐ (Yes) ☐ (No)

\_\_\_\_\_  
Name Badge Number

\_\_\_\_\_  
Name Badge Number

\_\_\_\_\_  
Name Badge Number



6. Were any other witnesses present during the alleged incident? ☐ (Yes) ☐ (No)  
If your answer is **yes**, please provide the following information:

Name	Address	Phone No.
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Name	Address	Phone No.
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7. Did you sustain any injuries? ☐ (Yes) ☐ (No)  
If your answer is **yes**, please list the type of injury:


8. Did you receive medical treatment? ☐ (Yes) ☐ (No)  
If your answer is **yes**, please provide the following information:  
Name, address and telephone number of the doctor/hospital that treated you:


If you were treated by a doctor/hospital, please complete the attached Medical Release Form.  
Please note that the form must be notarized.

9. Were you arrested? ☐ (Yes) ☐ (No)  
Were you issued a citation? ☐ (Yes) ☐ (No)

If your answer is **yes** to either of the above questions, please provide a list of the charges filed and/or citations issued:

Charge(s):


Ticket #: \_\_\_\_\_

- 
- This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

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Complaint (Affiant)

Printed Name of Notary

My commission expires: \_\_\_\_\_

**PORT OF GALVESTON POLICE DEPARTMENT MEDICAL RECORDS  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize all Custodian(s) of Records to release the following information from the medical record(s) of: **PATIENT INFORMATION** (Please Print)

Patient	Date of Birth	Social Security Number	Phone Number
Address	City	State	Zip Code

**Information to be released:**

<input type="checkbox"/> Complete Hospital Records	<input type="checkbox"/> Doctors Medical Records	<input type="checkbox"/> Front Sheet
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Operative Report	<input type="checkbox"/> Clinic Visits
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Pathology Report	
<input type="checkbox"/> Other Report(s) specify: _____		

Purpose of disclosure: Port of Galveston Police Department Internal Investigation

Information to be released to: Port of Galveston Police Department

Attn: Lieutenant of Police Dept.

P. O. Box 328; Galveston, TX 77553

Phone: (409) 766-6173; Fax: (409) 766-6170

The question of privacy between hospitals, medical facilities, its employees and attending physician(s) and the patient are **WAIVED** by this authorization. The aforementioned **are released from legal responsibility or liability** from the release of the above information, **which may include Drug, Alcohol, Psychiatric, HIV or Aids information** to the extent indicated and authorized herein.

**ALCOHOL AND DUG ABUSE PATIENTS:**

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from the records whose confidentiality is protected by Federal Law. Federal regulations (42CFR part 2) prohibit you from making further disclosure of this information except with the specific written consent of the patient. A general authorization for the release of information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of the first offense and not more than \$5,000 in the case of each subsequent offense.

HOSPITAL/DOCTOR INVOLVED: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Person Authorized to sign in lieu of patient

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

**STATE OF TEXAS**  
**COUNTY OF GALVESTON**

BEFORE ME, the undersigned, a Notary Public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary – State of Texas

\_\_\_\_\_  
Printed Name of Notary

My commission expires: \_\_\_\_\_