



SWORN AFFIDAVIT

STATE OF TEXAS
COUNTY OF HARRIS

Date: ____/____/____

Time: _____

Before me, the undersigned authority, appeared _____
(Print Affiant's Name)

Who after being duly sworn on his/her oath deposes and says:

My name is: _____. I am _____ years of age and my
date of birth is ____/____/____. I currently reside at _____
in (city): _____, zip code _____. My home phone number is
_____. My work phone number is _____, or I can be contacted at
_____. Race: _____ Gender: _____
TDL or ID#: _____ SS#: _____

I have been informed that under the Penal Code of the State of Texas, Section 37.02: A person commits the offense of perjury if, with intent to deceive and with knowledge of the statement's meanings; 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.

In order to conduct a complete and thorough investigation of your complaint, we need you to answer the follow questions. **Please be as specific as possible.**

1. Date of Incident: ____/____/____
- Time of Incident: _____
2. Location of Incident: _____
3. Number of METRO Police Officers/Employees involved in the incident: _____

Give names, badge number, vehicle number, or license number, and/or a physical description of the officers involved (race, gender, etc.):

METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION

Issue Record # _____

Date Received: ____/____/____

Initials: _____

Date: ____/____/____

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(Use separate page if necessary)

4. Number of witnesses who observed the incident: _____. Give full names, addresses and phone numbers of witnesses if possible. If none, write **NONE**.

Witness(es) Name

Address

Phone Numbers (Hm/Wk)

5. Type of injuries which were a result of the incident:

6. Did you seek medical attention? _____ If yes, what hospital and what doctor?

7. Were you arrested and/or issued traffic citations? _____ If yes, list the charges filed and/or citations issued and the disposition.

8. Give a full detailed account of the incident:

METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION

Issue Record # _____

Date Received: ____/____/____

Initials: _____

Date: ____/____/____

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(Use separate page if necessary)

METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION

Date Received: ____/____/____

Date: ____/____/____

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(Use additional pages if necessary)

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(Affiant's Signature)

Notary Signature: _____ (Notary Stamp/Seal): _____

METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION

(Use separate page if necessary)