



**BAY CITY POLICE DEPARTMENT**  
**Chief Christella Rodriguez**  
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## CITIZEN COMPLAINT FORM

The Bay City Police Department wishes to provide fair and impartial service to all citizens. However, the very nature of our responsibilities and duties is such that not all citizens we serve may be satisfied with our performance. We expect our employees to perform their duties according to the law and our departmental policies. Our intention is to treat everyone with respect, dignity, and fairness- without prejudice, oppression, or intimidation. If you feel that our employees have in some way failed to meet these expectations or been guilty of misconduct, you are entitled to submit a complaint, which will result in an investigation of the matter.

Unless special circumstances prevent it, we complete internal investigations in a reasonable amount of time after the receipt of the written complaint. The complainant will receive written notification of the results of the investigation. The Police Department will take appropriate corrective or disciplinary action if the complaint is sustained.

Written complaints that the complainant knows to be unfounded or false may result in the police department or the employee(s) taking legal action against the complainant. Our goal is to ensure we maintain integrity while promoting justice and fairness for both citizens and employees alike. The citizen has a right to have his/her complaint investigated and adjudicated. Additionally, we must protect the employees from false complaints. Please adhere to this procedure so that we may handle your complaint promptly.

The Bay City Police Department requires that all complaints against any employee be submitted on a sworn affidavit. Attached is a form you may use for this purpose. You may complete this form, have it notarized and return it to the Bay City Police Department either in person or by U.S. Mail.

If you wish, Bay City Police Department personnel will notarize the form for you at no cost if you deliver it Monday through Friday, 8 am to 5 pm. If you choose this option, do not sign the form until you are in the presence of the notary. Please include all relevant information on the form and fully explain the basis for your complaint.

Sincerely,  
Christella Rodriguez – Chief of Police

**Requirements for making a Complaint Against a Law Enforcement Officer or Firefighter.**

**TEXAS GOVERNMENT CODE**

**Sec. 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.

**Sec. 614.023.**

Copy of Complaint to be Given to Officer or Employee.

(a) A copy of a signed complaint against a law enforcement officer, firefighter, 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.

Acts 1993, 73rd Leg., ch/263. Sec. 1, eff. 9-1-93

**PENAL CODE**

**Sec. 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 sworn declaration under Chapter 132, Civil Practice and Remedies Code.
- (b) An offense under this section is a Class A Misdemeanor.

**Sec. 37.03. Aggravated Perjury.**

(a) A person commits an offense if he commits perjury as defined in Section 37.02. and the false statement:

- (1) is made during or in connection with an official proceeding; and
  - (2) is material.
- (b) An offense under this section is a Felony of the Third Degree.

**Bay City Police Department  
Citizen Complaint Form  
Sworn Affidavit**

Department Use Only:	File #: _____
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**STATE OF TEXAS** **DATE:** \_\_\_\_\_  
**CITY OF BAY CITY** **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 home telephone number is \_\_\_\_\_, and my work number is \_\_\_\_\_. I can also be contacted at (other number, pager, cell, etc.) \_\_\_\_\_. My driver's license or official identification number is \_\_\_\_\_, and my Social Security Number is \_\_\_\_\_.

**I HAVE BEEN INFORMED THAT UNDER TEXAS LOCAL GOVERNMENT CODE, SECTION 614.022 THAT:**

- 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.**

**In addition, the Bay City Police Department requires said written statement be under oath. 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 Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_
- 2. Location of the Incident (address): \_\_\_\_\_
- 3. Number of Bay City Police Officers / Employees involved: \_\_\_\_\_  
List any names, badge numbers (if known), vehicle numbers and / or license plate numbers, and / or provide physical descriptors of the officer(s) involved:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

(Use separate page if necessary)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Bay City Police Department  
Citizen Complaint Form  
Sworn Affidavit

4. Number of witnesses who observed the incident: \_\_\_\_\_  
Provide full names, addresses, phone numbers, and any other identifying data. If there are no witnesses, please write the word "NONE".

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

5. Did you sustain any injuries? \_\_\_\_\_ 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.

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

(Use separate page if necessary)

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

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

(Please use additional page if necessary)

(Use separate page if necessary)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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





