

CONSTABLE RICHARD SANDERS

CALDWELL COUNTY PRECINCT #1

405 E. MARKET ST., LOCKHART, TEXAS 78644

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FORMAL COMPLAINT

I SOLEMNLY SWEAR/AFFIRM THAT ALL THE ALLEGATION(S) MADE BY ME IN THIS REPORT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I MAKE A STATEMENT WITH INTENT TO DECEIVE OR MAKE A FALSE STATEMENT TO A PEACE OFFICER OR LAW ENFORCEMENT EMPLOYEE, I MAY BE CHARGED WITH:
SEC.37.08 PENAL CODE MAKING A FALSE ACUSATION OR PROVIDING A FALSE STATEMENT TO A PEACE OFFICE IS A CLASS B MISDEMEANOR.

OR

SEC.37.02 PERJURY MAKING A FALSE STATEMENT OR SWEARS TO THE TRUTH OF A FALSE STATEMENT WHICH IS MADE UNDER OATH IS A CLASS MISDEMEANOR.

YOUR NAME: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

WERE YOU ARRESTED OR TICKETED FOR AN OFFENSE IN THIS INCIDENT? ____ YES, ____ NO

IF YES, WHAT CHARGES WERE FILED AGAINST YOU: _____

OFFICER(S) INVOLVED: _____ UNIT #: _____

IF YOU DON'T KNOW THE NAME OF THE OFFICER(S), PROVIDE A DESCRIPTION; THEIR UNIFORM, AND/OR THEIR POLICE CAR. IF YOU DON'T HAVE THE OFFICER(S) NAME, THIS INFORMATION MAY BE NECESSARY TO DETERMINE WHICH OFFICER(S) OR DEPARTMENT YOU ARE REFERRING TO.

DESCRIPTION OF OFFICER(S), UNIFORM AND/OR VEHICLE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

WERE THERE WITNESSES TO THE INCIDENT? ____ YES, ____ NO

IF YES, LIST THE WITNESS'S NAMES AND TELEPHONE NUMBERS: _____

HAVE YOU SPOKEN TO/WITH A SUPERVISOR (BY PHONE OR IN PERSON) AT THE CALDWELL COUNTY CONSTABLE'S OFFICE, PRECINCT 1? ____ YES ____ NO

IF YES, WHAT WAS THE NAME OF THE SUPERVISOR? _____

FOR DEPARTMENT USE ONLY:

SUPERVISOR RECEIVING COMPLAINT: _____ DATE: _____ TIME: _____

COPY TO COMPLAINANT: _____ YES _____ NO DATE: _____ EMPLOYEE INITIAL: _____

DETAILED NARRATIVE OF THE INCIDENT:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

COMPLAINANT SIGNATURE

DATE _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES: _____

NOTARY SIGNATURE

Mandated by State Law to sign form in person to be Notarized