



## Del Mar College Police Department



### Initial Complaint Notice

### Complaint Statement Notification

The filing of a formal complaint against an employee of the Del Mar College Police Department (DMCPD) by you institutes an administrative investigation that could result in disciplinary action being taken against the employee.

A person filing a false complaint against a police employee is a violation of the Texas Penal Code, Section 37.02 - Perjury. If a person knowingly and intentionally makes a false statement under oath or swears to the truth of a false statement previously made under oath, a person may be found guilty and punished by a fine up to \$4,000, confined in jail for up to one year, or by both fine and imprisonment.

A person filing a false statement against a police officer is a violation of the Texas Penal Code, Section 37.03 - Aggravated Perjury. If a person commits perjury as defined in Section 37.02, and the false statement is made during or in connection with an official proceeding, and is material, a person may be found guilty and punished by a fine not to exceed \$10,000 and imprisoned for not more than 10 years or less than 2 years.

State of Texas  
County of Nueces

I acknowledge that prior to completing my complaint notice, I have read, and fully understand, the "Complaint Statement Notification." (Do not sign any form unless in the presence of a designated witness, i.e. DMCPD police officer or a notary public.)

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Complaint's Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
Notary's Signature

NOTARY SEAL

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

If Notary Public unavailable, signature witnessed by DMCPD officer:

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
ID#

## COMPLAINT STATEMENT

Date of compliant submittal:

\_\_\_\_\_

Complaint# (completed by Dept.):

\_\_\_\_\_

Complainant's Full Name {Print or Type}:

\_\_\_\_\_

Telephone/Unit Number:

\_\_\_\_\_

Complainant's Address:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date and time of alleged incident:

\_\_\_\_\_

Date of report:

\_\_\_\_\_

Location(s) where incident occurred:

\_\_\_\_\_

If a person was arrested, print name:

\_\_\_\_\_

Associated case number (if known):

\_\_\_\_\_

### **Name or other identifying information of the employee against whom the allegation(s) is/are being made:**

Name of witness(es) (if any):

\_\_\_\_\_

Address of witness(es) (N/A if employee):

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

Name of witness(es) (if any):

\_\_\_\_\_

Address of witness(es) (N/A if employee):

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

Name of witness(es) (if any):

\_\_\_\_\_

Address of witness(es) (N/A if employee):

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

Name of witness(es) (if any):

\_\_\_\_\_

Address of witness(es) (N/A if employee):

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

### **Nature of Complaint(s)**

Clearly indicate the nature of your complaint. For the purposes of this process, a complaint is defined as an accusation that an employee violated a policy, statute or law which could result in disciplinary action.

Complainant Signature & Date

\_\_\_\_\_

☐ An employee named in a complaint has the right to submit a response.

Witness Name (Print or Type)

\_\_\_\_\_

☐ I acknowledge my right, and intend to respond.

Witness Signature & Date

\_\_\_\_\_

☐ I acknowledge my right, and waive my right to respond.

State of Texas

County of Nueces

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_ known to me, or proved to me through identity card or other document, 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.

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

NOTARY SEAL

\_\_\_\_\_  
Notary's Signature

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

If Notary Public unavailable, signature witnessed by DMCPD officer:

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
ID#

**Completed by Department**

Supervisory Review

Internal Affairs Investigation

Assigned to: \_\_\_\_\_

Expected completion date: \_\_\_\_\_