

**SWORN AFFIDAVIT**

**State of Texas**  
**County of Travis**

Statement Date: \_\_\_\_\_, 20\_\_\_\_  
Statement Time: \_\_\_\_\_ AM/PM

Before me, the undersigned authority, appeared \_\_\_\_\_,  
who after being sworn on his/her oath deposes and says:

My name is \_\_\_\_\_. I am \_\_\_\_\_ years of age. My date of birth  
is \_\_\_\_\_. I live at \_\_\_\_\_, Zip Code  
\_\_\_\_\_. My home phone number is \_\_\_\_\_ and my work phone number is  
\_\_\_\_\_. I can also be contacted at \_\_\_\_\_.  
My driver’s license or identification number is \_\_\_\_\_ and my Social Security  
number is \_\_\_\_\_.

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

***“In order for a complaint to be considered by the head of a local enforcement agency the  
complaint must be in writing and signed by the person making the complaint.”***

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

PLEASE BE SPECIFIC

1. Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM
2. Location of Incident (Address): \_\_\_\_\_
3. Number of Police Officer(s) involved: \_\_\_\_\_  
List any names, badge number, vehicle number and/or license plate number, and/or provide any physical  
description(s) of the officer(s) involved:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
4. Number of witnesses involved: \_\_\_\_\_  
Provide any full names, addresses, and phone numbers.

IF THERE ARE NO WITNESSES, PLEASE WRITE “NONE.”

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

F. \_\_\_\_\_

5. Did you sustain any injuries? \_\_\_\_\_ If yes, list type of injuries which were a result of the incident.

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6. Did you receive medical treatment? \_\_\_\_\_. If yes, please provide the name, address and phone number of the doctor or hospital. **ADDITIONALLY, PLEASE COMPLETE THE ATTACHED MEDICAL RELEASE OR INFORMATION FORM.**

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7. Were you arrested? \_\_\_\_\_ Were you issued any tickets? \_\_\_\_\_  
If yes, list the charges filed and/or citations issued and the disposition.

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

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8. Give a full, detailed description of the incident. **PLEASE BE SPECIFIC**

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