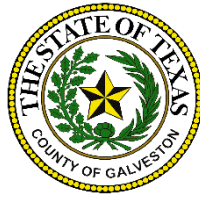


File#:

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GALVESTON COUNTY PRECINCT 4 CONSTABLE'S OFFICE  
CONSTABLE JUSTIN WEST

## FORMAL COMPLAINT PACKET

### Contents

- Instructions
  - Sworn Affidavit
  - Medical Release
- 

*This complaint packet allows a person to file a formal complaint against personnel of the Galveston County Precinct 4 Constable's Office for inappropriate conduct and behavior including, but not limited to, unprofessional demeanor, use of excessive force, and racial profiling.*

**To complete the SWORN AFFIDAVIT, please follow the steps below:**

1. You (the complainant) must complete the sworn affidavit in its entirety.
2. If additional complainants and/or witnesses are available to support your complaint, they will need to complete separate sworn affidavits. You may include these with your complaint.
3. If additional writing area is needed, you should use blank, lined pages and attach them to your sworn affidavit. Please do not write on the back of sworn affidavit.
4. After completing the sworn affidavit, you should review it before signing.
5. Your sworn affidavit must be signed and notarized before any investigation into a formal complaint may begin.

**To complete the MEDICAL RELEASE, please follow the steps below:**

1. You (the complainant) must complete the release of medical information form if you are alleging injuries caused by Galveston County Precinct 4 Constable's Office personnel.
2. Your release of medical information form must be signed and notarized before any investigation into a formal complaint may begin.

**PACKET COMPLETION**

To return your formal complaint packet to the Galveston County Precinct 4 Constable's Office, please follow these steps:

1. You should review all forms for completion, required signatures, and have the forms notarized (where applicable).
2. You may return the completed, signed, and notarized (where applicable) formal complaint packet to the Galveston County Precinct 4 Constable's Office, which is located at 174 Calder Rd, Suite 1200, League City, Texas 77573.
3. If you have questions about the formal complaint procedure, or more information is needed, please contact Chief Deputy K. Melancon at (281) 316-8713 or by email [William.Melancon@galvestoncountytexas.gov](mailto:William.Melancon@galvestoncountytexas.gov).

File # \_\_\_\_\_

**SWORN AFFIDAVIT**

**State of Texas  
County of Galveston**

Date of Statement: \_\_\_\_\_, 20 \_\_\_\_.

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 and my date of birth is \_\_\_\_\_. I reside at: (address) \_\_\_\_\_, (city) \_\_\_\_\_, (state) \_\_\_\_\_, (zip code) \_\_\_\_\_. My home telephone number is (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. My work number is: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. I can also be contacted by email at \_\_\_\_\_. My driver's license number or identification number is \_\_\_\_\_. I have completed \_\_\_\_\_ years of school and can read and write the English language.

**I HAVE BEEN INFORMED THAT UNDER THE PENAL CODE OF THE STATE OF TEXAS, SECTION 37.02:**

**"THAT A PERSON COMMITS THE OFFENSE OF PERJURY IF, WITH INTENT TO DECEIVE AND WITH KNOWLEDGE OF THE STATEMENT'S MEANING; 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".**

(continued on next page)

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

**PLEASE BE SPECIFIC**

1. Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

2. Location of incident (address): \_\_\_\_\_

3. List the name and badge number of the Galveston County Precinct 4 Constable's Office personnel being **accused** in this complaint:

Name	Badge Number
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Name	Badge Number
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Name	Badge Number
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4. If you do not know the name or badge number of the Constable's Office personnel being accused in this complaint, please provide any of the following information:

Vehicle unit number \_\_\_\_\_

Physical description of person \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Were any other Constable's Office personnel **present** during the alleged incident? Select one.

(Yes)

(No)

6. If your answer to #5 is **yes**, please provide the following information about other Constable's Office personnel present during the alleged incident:

Name	Badge Number
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(continued on next page)

7. Were any witnesses present during the alleged incident? Select one.

(Yes)

(No)

8. If your answer to #7 is yes, please provide the following information about any witnesses present during the alleged incident:

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Name	Address	Phone No.
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Name	Address	Phone No.
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9. Did you sustain any injuries during the alleged incident? Select one.

(Yes)

(No)

10. If your answer to #9 is yes, please list and describe the injury you received during the alleged incident:

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11. Did you receive medical treatment? Select one.

(Yes)

(No)

12. If your answer to #11 is yes, please provide the following information about any medical treatment you received:

Name, address, and telephone number of the doctor or hospital that treated you:

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*If you were treated by a doctor or hospital, please complete the attached release of medical information form. The release of medical information form must be signed and notarized if you claim any injuries received as a result of an alleged incident.*

(continued on next page)

13. Were you arrested? Select one.

(Yes)

(No)

14. Were you issued a citation? Select one.

(Yes)

(No)

If your answer is yes to either of the above questions, please provide a list of the charges filed and/or citations issued:

Charge(s):

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Ticket #(s):

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15. In your own words, please give a full and detailed description of the alleged incident. **Please be specific.**

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**GALVESTON COUNTY PRECINCT 4 CONSTABLES OFFICE MEDICAL RECORDS  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize all Custodian(s) of Records to release the following information from the medical record(s) of:

**PATIENT INFORMATION (Please Print)**

Patient Name	Date of Birth	Social Security Number	Phone Number
Address	City	State	Zip Code

**Information to be released:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Complete Hospital Records      | <input type="checkbox"/> Doctors Medical Records | <input type="checkbox"/> Front Sheet       |
| <input type="checkbox"/> Emergency Room Report          | <input type="checkbox"/> History & Physical      | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Discharge Summary              | <input type="checkbox"/> Operative Report        | <input type="checkbox"/> Clinic Visits     |
| <input type="checkbox"/> Psychological Evaluation       | <input type="checkbox"/> Pathology Report        |  |
| <input type="checkbox"/> Other report(s) specify: _____ |  |  |

Purpose of disclosure: Formal Complaint against Pct. 4 Personnel  
 Information is to be released to: Galveston County Precinct 4 Constable's Office  
 174 Calder Rd, Suite 1200  
 League City, Texas 77573  
 Phone: (281) 316-8711 Fax: (281) 316-8737

The question of privacy between hospitals, medical facilities, its employees and attending physician(s) and the patient are **WAIVED** by this authorization. The aforementioned **are released from legal responsibility or liability** for the release of the above information, **which may include Drug, Alcohol, Psychiatric, HIV, or Aids information**, to the extent indicated and authorized herein.

**ALCOHOL AND DRUG ABUSE PATIENTS:**

**PROHIBITION ON REDISCLOSURE:** This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42CFR part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the patient. A general authorization for the release of information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500.00, in the case of the first offense, and not more than \$5,000.00 in the case of each subsequent offense.

HOSPITAL/DOCTOR INVOLVED: \_\_\_\_\_ Phone: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Patient Date Signed

\_\_\_\_\_  
 Signature of Parent or Guardian Relationship Date Signed

\_\_\_\_\_  
 Signature of person authorized to sign in lieu of patient Relationship Date Signed

\_\_\_\_\_  
 Witness Address Date Signed

**THE STATE OF TEXAS  
COUNTY OF GALVESTON**

BEFORE ME, the undersigned, a Notary Public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me 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.  
 GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Printed Name of Notary

\_\_\_\_\_  
 Notary Public-----State of Texas

\_\_\_\_\_  
 Date Commission Expires: