JERRY FISHER
CONSTABLE
PRECINCT 4
GALVESTON COUNTY
174 Calder Rd, Suite 127
League City, TX 77573
281-316-8711

SERVING THE COMMUNITIES OF

LEAGUE CITY **FRIENDSWOOD** **DICKINSON**

File#:

OFFICE OF PROFESSIONAL STANDARDS COMPLAINT PACKET

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OFFICE OF PROFESSIONAL STANDARDS COMPLAINT PACKET

This complaint packet allows citizens to file a formal complaint against employees of the Galveston County Precinct 4 Constables Office, to include, but not limited to such violations as unprofessional demeanor, excessive force and racial profiling.

Please follow the procedures as set out below:

SWORN AFFIDAVIT

Completion Procedure:

1. Sworn affidavit is to be completed by the complainant only.
2. Additional complainants and/or witnesses will complete additional sworn affidavits.
3. If additional writing area is needed, please use blank lined pages. Do not write on the back of sworn affidavit.
4. After completing the sworn affidavit, review it for proper completion and content.
5. Sworn affidavits **MUST** be signed, notarized and returned to O.P.S. before the investigation is initiated.

MEDICAL RELEASE

Requirement/Completion Procedure:

1. Complainant will complete the attached copy of **"Release of Medical Information"**, if complainant is alleging injuries.
2. The **Release of Medical Information** must be signed and notarized.

PACKET COMPLETION

Complaint Packet Return:

1. Review all forms for completion, signatures and notary requirements.
2. Attach all papers together and return to the Galveston County Precinct 8 Constables Office, 174 Calder Rd. Ste 127, League City, Texas 77573
3. If additional information is needed, contact Chief Norman at (281) 316-8711.

File #_____

SWORN AFFIDAVIT

State of Texas
County of Galveston

Date of Statement:_____, 200____.

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: (area code) _____ (number)_____. My work number is: (area code) _____ (number) _____. I can also be contacted 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".

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:_____ (AM)(PM)

2. Location of incident (address): _____.

3. List the name and badge number of the Galveston County Precinct 8 Constables Office employee(s) being **accused**:

(a.) _____ _____
Name Badge Number

(b.) _____
Name Badge Number

(c.) _____
Name Badge Number

4. If you do not know the name of the Constables employee(s) being accused, please provide the following information:

(a) patrol unit number_____

(b) physical description of employee(s):

_____

_____

_____

_____

(c) other identifiers:

_____

_____

5. Were any other Constables employee(s) **present** during the alleged incident? (Yes) (No)

If your answer is **yes** please provide the following information:

_____

Name Badge Number

Name Badge Number

Name Badge Number

6. Were any **other witnesses** present during the alleged incident? (Yes) (No)

If your answer is **yes** please provide the following information:

Name Address Phone No.

Name Address Phone No.

7. Did you sustain any injuries? (Yes) (No)

If your answer is **yes** please list the type of injury:

8. Did you receive medical treatment? (Yes) (No)

If your answer is **yes**, please provide the following information:

(a) Name, address and telephone number of the doctor/hospital that treated you:

If you were treated by a doctor/hospital, please complete the attached Medical Release Form. Please note that the form must be notarized.

9. Were you arrested?
(Yes) (No)

Were you issued a citation?
(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):

Ticket #

10. Give a full and detailed description of the incident. **Please be specific.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I have made, read and signed this affidavit. It is true and correct to the best of my knowledge and belief.

_____
Complainant (Affiant)

SWORN TO and SUBSCRIBED before me on this _____ day of _____, 200____.

_____
Notary--State of Texas

_____
Printed Name of Notary

My commission expires: _____

GALVESTON COUNTY PRECINCT 8 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:

[ ] Complete Hospital Records
[ ] Emergency Room Report
[ ] Discharge Summary
[ ] Psychological Evaluation
[ ] Other report(s) specify: _____

[ ] Doctors Medical Records
[ ] History & Physical
[ ] Operative Report
[ ] Pathology Report

[ ] Front Sheet
[ ] Radiology Reports
[ ] Clinic Visits

Purpose of disclosure: Office of Professional Standards Internal Investigation
Information is to be released to: Galveston County Precinct 8 Constables Office
174 Calder Rd. Ste 127
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 _____, 200____.

_____
Printed Name of Notary

_____
Notary Public-----State of Texas

_____
Date Commission Expires: