The forms on the following pages are provided to assist the District in processing complaints:

Exhibit A: Citizen Complaint Form — Level One — 4 pages
Exhibit B: Notice of Appeal at Level Two — 1 page
Exhibit C: Notice of Appeal to the Board at Level Three — 1 page
Anyone may make a complaint against any District Police Department employee for improper conduct. A thorough investigation shall be conducted and the person making the complaint will be notified of the outcome of the investigation. Allegations against an employee will result in one of four possible outcomes: unfounded (allegation is false or not factual), exonerated (incident occurred, but was lawful and proper or was justified under the existing conditions), not sustained (insufficient evidence to prove or disproved the allegations), or sustained (allegation is supported by sufficient evidence). Regardless of the investigation outcome, the District's Police Department cannot release any information relating to disciplinary action taken. This form must be notarized prior to acceptance by the District's Police Department. However, the person signing this form may have it notarized at the District’s Police Department.

**PENAL CODE**

Sec. 37.02. Perjury.
(a) A person commits an offense if, with intent to deceive and with knowledge of the statement's meaning:
   (1) 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; or
   (2) he makes a false unsworn declaration under Chapter 132, Civil Practice and Remedies Code.
(b) An offense under this section is a Class A misdemeanor.

Sec. 37.03. Aggravated Perjury.
(a) A person commits an offense if he commits perjury as defined in Section 37.02, and the false statement:
   (1) is made during or in connection with an official proceeding; and
   (2) is material.
(b) An offense under this section is a felony of the third degree.

The following provisions apply to complaints against law enforcement officers:

**GOVERNMENT CODE**

Sec. 614.022. Complaint to be in Writing and Signed by Complainant.
(a) To be considered by the head of a state agency or by the head of a fire or local law enforcement agency, the complaint must be:
   (1) in writing; and
   (2) signed by the person making the complaint.

Sec. 614.023. Copy of Complaint to be Given to Officer or Employee.
(a) A copy of a signed complaint against a law enforcement officer of this state or a fire fighter, detention officer, county jaller, or peace officer appointed or employed by a political subdivision of this state will be given to the officer or employee within a reasonable time after the complaint is filed.
(b) Disciplinary action may not be taken against the officer or employee unless a copy of the signed complaint is given to the officer or employee.
Complete this form. Print or type in black ink. The completed form (four pages and any attachments) must be signed before a Notary Public.

1. Complainant’s Name __________________________________________
   Address ____________________________________ Daytime Telephone _______________________
   City ___________________________ State __________ Zip ___________
   Additional Telephone Number(s) __________________________________
   E-Mail Address ________________________________________________

2. Are you alleging a violation or misapplication of a criminal law?
   ☐ Yes If so, please complete this form.
   ☐ No If no, follow the complaint process in Board policy FNG or GF, as applicable.

3. Please state the date of the decision or circumstances causing the complaint.
   ______________________________________________________________

4. Please state the name of the police officer about which this complaint is being made.
   ______________________________________________________________

5. Please describe the decision or circumstances causing the complaint (Clearly indicate the dates, times, names, locations, and details involved in the complaint and attach any records, reports, or statements that support this complaint.):
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

   Additional page(s) is(are) attached: ☐ Yes ☐ No

6. Please list any witnesses:
   Witness 1: Name ______________________________________________________
   Address __________________________ Daytime Telephone ________________________
   City __________________________ State __________ Zip __________
   Additional Telephone Number(s) ___________________________________________

DATE ISSUED: 6/16/2010
LDU 2010.03
CKE(EXHIBIT)-X
Witness 2: Name ____________________________________________
Address __________________________ Daytime Telephone ________________
City ____________________________ State ________________ Zip ____________
Additional Telephone Number(s) _______________________________________

Witness 3: Name ____________________________________________
Address __________________________ Daytime Telephone ________________
City ____________________________ State ________________ Zip ____________
Additional Telephone Number(s) _______________________________________

7. Please explain how you have been harmed by this decision or circumstance:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
With whom did you communicate? ________________________________
On what date? ________________

9. Please describe the outcome or action you are seeking:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. If you will be represented in voicing your complaint, please identify the person representing you:
Name ________________________________________________________________
Address ______________________________________________________________
______________________________
Telephone number ________________________________
Failure of the complainant to provide adequate notice if an attorney will attend the conference may result in the need to reschedule the conference so that the District administrator may have equal representation.

I understand that this statement of complaint will be submitted to the District’s Police Department’s Office of Internal Affairs, and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary. I also understand that any intentional false statement, herein attested to by me, may be cause for criminal and/or civil proceeding against me.

Signature of complainant ________________________________ Date ______________

Signature of representative, if applicable ________________________________ Date ______________

State of Texas
County of ________________________________

Before me, a notary public, on this day personally appeared ________________________________, known to me to be the person whose name is subscribed to the foregoing document and, being by my first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _________ day of __________________________, A.D., ________.

Notary Public Signature ________________________________

Notary Public Name ________________________________

My Commission Expires ________________________________

(Affix Notary Seal)

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date and Time Received:</th>
<th>Case No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received by:</td>
<td></td>
</tr>
</tbody>
</table>
EXHIBIT B

NOTICE OF APPEAL AT LEVEL TWO

This form must be filled out completely by a citizen appealing a Level One decision, or the lack of a timely response after a Level One conference. The completed form may be submitted by hand delivery, fax, or U.S. mail to the chief of police in accordance with CKE(LEGAL) and (LOCAL) or any exceptions outlined therein. A citizen may not present a formal complaint to the Board until all administrative remedies (appeal processes) have been exhausted.

1. Complainant’s Name __________________________
   Address ___________________________ Daytime Telephone __________________________
   City ___________________________ State _____________ Zip __________________________

2. To whom did you present your complaint at Level One?

3. Date of Level One conference __________________________

4. Date you received a response to the Level One conference __________________________

5. Please explain specifically how you disagree with the outcome at Level One:

6. Attach a copy of your original complaint and any documentation submitted at Level One.

7. Attach a copy of the Level One response being appealed, if applicable.

8. If you will be represented in voicing your appeal, please identify the person representing you:
   Name __________________________
   Address __________________________
   Telephone number __________________________

Failure of the student/parent to provide adequate notice if an attorney will attend the conference may result in the need to reschedule the conference so that the District administrator may have equal representation.

Signature of complainant ___________________________ Date _____________
Signature of representative, if applicable ___________________________ Date _____________

FOR OFFICE USE ONLY

Date and Time Received: _____________ Case No.: _____________
EXHIBIT C

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by a citizen appealing a Level Two decision, or the lack of a timely response after a Level Two conference. The completed form may be submitted by hand delivery, fax, or U.S. mail to the chief of police in accordance with CKE(LEGAL) and (LOCAL) or any exceptions outlined therein. A citizen may not present a formal complaint to the Board until all administrative remedies (appeal processes) have been exhausted.

1. Complainant’s Name __________________________
   Address __________________________ Daytime Telephone __________________________
   City __________________________ State _____________ Zip ______________

2. To whom did you present your complaint at Level Two? __________________________

3. Date of Level Two conference __________________________

4. Date you received a response to the Level Two conference __________________________

5. Please explain specifically how you disagree with the outcome at Level One: __________________________

6. Do you want the Board to hear this appeal in open session? __________________________

7. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

8. Attach a copy of the Level Two response being appealed, if applicable.

9. If you will be represented in voicing your appeal, please identify the person representing you:
   Name __________________________
   Address __________________________
   Telephone number __________________________

Failure of the student/parent to provide adequate notice if an attorney will attend the conference may result in the need to reschedule the conference so that the District administrator may have equal representation.

Signature of complainant __________________________ Date ______________

Signature of representative, if applicable __________________________ Date ______________

FOR OFFICE USE ONLY

Date and Time Received: __________________________ Case No.: __________________________