

Office Use Only

Received Date:

____/____/____

Received by:

La Marque Police Department Citizen Complaint Packet



Contents

- Instructions
- Citizen Complaint Form
- Medical Release

LMPD FORM 208

*Note: Complainant will be provided a copy of this report to acknowledge receipt of complaint by the La Marque Police Department.

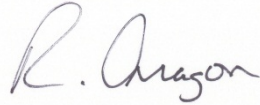
This complaint packet allows citizens to file a formal complaint against employees of the La Marque Police Department, to include, but not limited to such violations as unprofessional demeanor, excessive force and racial profiling.

It is the policy of the La Marque Police Department to receive and investigate every complaint filed against the Department or any employee. We feel that this is important to maintain the citizen's confidence in their police department and to ensure the integrity of the organization.

Your complaint will be thoroughly investigated and handled as promptly as possible. A member of the department assigned to investigate this matter will contact you very soon. However, if you are not contacted or if you have additional information concerning this matter, please feel free to contact the Department's Quality Assurance Representative or Chief of Police at (409) 938-9220.

You will be kept informed throughout the investigation and will receive formal notification once the investigation is completed and a decision has been made.

Randall Aragon

A handwritten signature in black ink that reads "R. Aragon". The signature is written in a cursive style with a large, looped initial "R".

Chief of Police

La Marque Police Department

Please follow the procedures as set out below:

CITIZEN COMPLAINT FORM

Completion Procedure:

1. Citizen Complaint Form is to be completed by the complainant only.
2. Fill in all applicable sections of the form. **Please be specific.**
3. The details of the incident section must be notarized. The statement may be notarized here at the La Marque Police Department or at any Notary Public. Do not sign the statement until you are in the presence of a Notary Public.

MEDICAL RELEASE

Requirement/Completion Procedure:

1. If complainant is alleging injuries, the **Release of Medical Information** form must be completed independent of the notarized statement.
2. The **Release of Medical Information** must be signed and notarized. The **Release of Medical Information** form can be notarized at the La Marque Police Department. If the complainant wishes to notarize the form at the LMPD, do not sign it until you are in the presence of the notary public.

PACKET COMPLETION

Complaint Packet Return:

1. Review all forms for completion, signatures and notary requirements.
2. Attach all papers together and return to the La Marque Police Department. It can be delivered in person or mailed to:

La Marque Police Department
Attn: Office of Professional Responsibility
431 Bayou Road
La Marque, Texas 77568

3. If additional information is needed, contact the office of the Chief of Police at (409)938-9220.
4. Once the form is received, the complainant will be contacted and informed of the Investigator assigned to the complaint.

La Marque Police Department
Citizen Complaint Form

COMPLAINANT INFORMATION:

Name: Last: _____ First: _____ MI: _____

Race: _____ Gender: _____ DOB: ___ / ___ / ___

DL/ID: _____ State: _____

SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: (____) _____ - _____ Work : (____) _____ - _____

Cellular: (____) _____ - _____ Pager: (____) _____ - _____

PLEASE BE SPECIFIC

1. Date of incident: _____ Time: _____ AM PM

2. Location or address of incident: _____

3. List the name and badge number of the La Marque Police Department 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 LMPD employee(s) being accused, please provide the following information:

(a) Patrol unit number _____

(b) Physical description of employee:

(c) Other identifiers:

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

6. If your answer is **Yes** please provide the following information:

Name	Badge Number
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Name	Badge Number
------	--------------

Name	Badge Number
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7. Were any other witnesses present during the alleged incident? Yes No

8. If your answer is **Yes** please provide the following information:

Name	Address	Phone No.
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Name	Address	Phone No.
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9. Did you sustain any injuries? Yes No

10. If your answer is **Yes** please list the type of injury:

11. Did you receive medical treatment? Yes No

12. If your answer is **Yes**, please provide the following information:

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.

13. Were you arrested?

Yes No

14. Were you issued a citation?

Yes No

15. 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):

Citation #

**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.

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

Initials _____ Date _____

Printed Name

Signature

***IF MORE ROOM IS NEEDED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED.**

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20____.

Printed Name of Notary

Notary Public-----State of Texas

Date Commission Expires:

La Marque Police Department

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: La Marque Police Department Internal Affairs Investigation

Information is to be released to: La Marque Police Department
 431 Bayou Road
 La Marque, Texas 77568

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: