

EAST CENTRAL ISD POLICE DEPARTMENT

PERJURIOUS COMPLAINTS NOTIFICATION

It is understood that complaints sometimes consist of intentional fabrications or misrepresentations against law enforcement officers for various reasons.

For this reason, the Attorney General of Texas rendered his Opinion (No. MW-317, March 31, 1981) concerning perjurious complaints against law enforcement officers.

Under the Texas Penal Code, a person commits perjury if, with intent to deceive and with knowledge of the statements meaning: (1) false statement under oath or swears to the truth or a false statement previously made; and (2) the statement is required or authorized by law to be made under oath. (Note: This offense is a Class A misdemeanor.) A person commits Aggravated Perjury if, in addition, the false statement: (1) is made during or in connection with an official proceeding; and (2) is material. (Note: This offense is a felony of the third degree.)

A "statement" means "any representation of fact" and "official proceeding" means "any type of administrative, executive, legislative or judicial proceeding that may be conducted before a public servant by law to take statement under oath." A statement is material if it "could have affected the ...outcome of the official proceeding."

My signature is to acknowledge that I have read or had read or had explained to me the contents of this document. I fully understand its explanation of perjury and aggravated perjury pertaining to any fabrication or misrepresentations I may give in statement concerning a law enforcement officer.

SIGNATURE

DATE

WITNESS

DATE

EAST CENTRAL ISD POLICE DEPARTMENT

POLYGRAPH POLICY

During certain investigations it sometimes becomes necessary to verify certain statements and allegations by various investigative techniques. One such technique is the polygraph. Therefore, it may become necessary for us to request that you submit to a polygraph examination. Your participation in such an examination is entirely **VOLUNTARY**. You **do not** have to submit to this examination nor do you have to agree to submit to this examination for us to take your complaint. However, we are required to advise you of the following:

1. **POLYGRAPH IS NOT A SCIENTIFICALLY ESTABLISHED TRUTH OR LIE DETECTING DEVICE. THEREFORE, IT IS GENERALLY NOT ADMISSIBLE AS EVIDENCE IN COURT OR CIVIL SERVICE HEARINGS.**
2. **BECAUSE THE POLYGRAPH IS ONLY AN INVESTIGATIVE TECHNIQUE, THE RESULTS OF SUCH POLYGRAPH EXAMINATION ARE NOT DETERMINATIVE ON ANY ISSUE.**
3. **YOU CAN NOT BE FORCED TO TAKE A POLYGRAPH EXAMINATION OR FORCED TO AGREE TO TAKE A POLYGRAPH EXAMINATION.**
4. **HOWEVER, SHOULD IT BECOME NECESSARY FOR US TO REQUEST THAT YOU TAKE A POLYGRAPH EXAMINATION AND YOU REFUSE TO DO SO, YOUR REFUSAL MAY SERIOUSLY IMPEDE OR JEOPARDIZE THE PROGRESS OF THE INVESTIGATION OF YOUR COMPLAINT.**
5. **ADDITIONALLY, YOUR REFUSAL TO SUBMIT TO A POLYGRAPH EXAMINATION WILL PROHIBIT US FROM ORDERING THE ACCUSED EMPLOYEE TO SUBMIT TO A POLYGRAPH EXAMINATION.**

Although, we **do not** require you to agree to take a polygraph examination before taking your complaint, we **do** require that you sign the below acknowledgement evidencing that you have read this document.

“I have read and understood the foregoing provision of the polygraph policy.”

COMPLAINANT

DATE

WITNESS

DATE

EAST CENTRAL ISD POLICE DEPARTMENT

PROFESSIONAL STANDARDS AND INTEGRITY DIVISION
COMPLAINANT COOPERATION

The Professional Standards and Integrity Division of the East Central ISD Police considers **every** complaint of employee wrongdoing or misconduct a serious matter requiring a thorough investigation. Such an investigation requires the complete cooperation of the complainant. Such cooperation is initiated by you, the complainant, when you relate an honest and detailed account of your complaint. However, such required cooperation does **not** end with the execution of your sworn complaint. Your continued cooperation will be required throughout the entire investigative process. You must provide investigators with contact phone numbers and addresses at which you can be reached. Additionally, you must exercise your best efforts to keep your appointments with investigators and to procure whatever records and documents required by the investigators. Furthermore, you must execute the various forms and releases required to proceed with the investigation of your complaint. Your failure to abide by these requirements will not only impede the progress of the investigation of your complaint but may also cause the termination of such investigation.

You may obtain the services of an attorney to represent you regarding your complaint. Your attorney may accompany you and assist you in making your complaint. However, neither you nor your attorney may interfere with or direct our investigation. Furthermore, we will **not** talk with your attorney in lieu of speaking with you. If you no longer wish to deal with our investigators directly, then we will terminate the investigation of your complaint.

Your signature of acknowledgement is required on this document for us to proceed with the processing of your complaint.

"I have read and understood the foregoing policy of complaint cooperation".

COMPLAINANT

DATE

WITNESS

DATE

East Central ISD Police Department
PROFESSIONAL STANDARDS & INTEGRITY DIVISION
CONTACT INFORMATION
(PLEASE PRINT)

NAME

NOMBRE:

LAST/APELATIVO

FIRST/NOMBRE

MIDDLE

HOME ADDRESS

DIRECCION DE RESIDENCIA:

STREET/CALLE

CITY/CUIDAD

STATE/ESTADO

ZIP

BUSINESS ADDRESS

DIRECCION DE EMPLEO:

STREET/CALLE

CITY/CUIDAD

STATE/ESTADO

ZIP

PLACE OF EMPLOYMENT

LUGAR DE EMPLEO:

JOB TITLE

TITULO DE EMPLEO:

HOME PHONE:

TELEFONO DE RESIDENCIA:

BUSINESS PHONE:

TELEFONO DE EMPLEO:

HEIGHT

ALTURA:

WEIGHT

PESO:

COLOR EYES

COLOR DE OJOS:

COLOR HAIR

COLOR DE PELO:

RACE

RAZA:

SEX

SEXO:

AGE

EDAD:

DATE OF BIRTH

FECHA DE NACIMIENTO:

SOCIAL SECURITY NUMBER

NUMERO DE SEGURO SOCIAL:

DRIVERS LICENSE

NUMERO DE LICENCIA:

MARRIED:

YES

NO

NAME OF SPOUSE

CASADO:

SI

NO

NOMBRE DE ESPOSO/ESPOSA:

NEAREST RELATIVE OTHER THAN SPOUSE

PARIENTE MAS CERCANO (EXCLUSIVO DE ESPOSO/ESPOSA):

NAME

NOMBRE:

HOME ADDRESS

DIRECCION DE RESIDENCIA:

STREET/CALLE

CITY/CUIDAD

STATE/ESTADO

ZIP

HOME PHONE

TELEFONO DE RESIDENCIA:

BUSINESS PHONE

TELEFONO DE EMPLEO:

PLACE OF EMPLOYMENT

LUGAR DE EMPLEO:

ADDITIONAL INFORMATION-SID NUMBERS IF AVAILABLE:

Statement of Complaint

Statement taken at: 7383 fm 1628, San Antonio, Texas, 78263. Statement taken by: _____
Before me the undersigned authority, in and for the State and County aforesaid, on this day _____
personally appeared _____, who being by me first duly sworn upon his
/ her oath, deposes and says:

INT. _____