LSU Police Department
PERSONNEL COMPLAINT AFFIDAVIT

Instructions

COMPLAINANT:

PERSONNEL COMPLAINT AFFIDAVIT PAGE

- Fill in all blanks at the top of the page
  (Date & Time when Affidavit is completed, and all complainant information)
- The blank after "Before me, the undersigned authority" remains blank
- The blank after "Personally came and appeared" is the complainant's name
- The blank after "Do hereby file an official complaint against" is the Officer's name, if known
- Initial the bottom right corner of each page

ALL CONTINUATION PAGES

- Fill in all blanks in the complainant information portion at the top of the page
  (Name, Date of Birth, Age, DL#, State)

LAST PAGE

- Fill in all known information into the witness information blanks at the top of the page
- The blank after "Thus done, read and signed at" should be the city where the Affidavit is completed
- The blank after "State of Louisiana, this" should be the numerical day of the month, the blank after "day of" should be the month, and the blank after this should be the numerical year. All information in this section should be when the Affidavit is completed, **NOT** when the incident took place.
- The "AFFIANT" blank is for the complainant's signature and **must be signed in the presence of the EX-OFFICIO / NOTARY PUBLIC.**
- The "EX-OFFICIO/NOTARY PUBLIC" should be left blank as well as information below this line

OFFICER OR NOTARY:

PERSONNEL COMPLAINT AFFIDAVIT PAGE

- **Officer Only:** Complete all information in the "Internal Use Only" box that is known. If one of the blanks is unknown, leave it blank. After complete, submit to the Chief of Police.
- Your name should go into the blank after "the undersigned authority".

LAST PAGE

- Your name goes in the blank above "EX-OFFICIO / NOTARY PUBLIC", circle appropriate title; Put your EX-OFFICIO or NOTARY NUMBER in the blank
- Print your name in the corresponding blank
- **Officer Only:** Your commission expires "effective until rescinded"
- **Notary Only:** Your commission expires on the date listed on your card

LSU Police Department
PERSONNEL COMPLAINT AFFIDAVIT

Date: _____

Time: _____

INTERNAL USE ONLY:

Date received: _____ Case #:_____

Date Assigned: _____ Assigned To: _____

STATE OF LOUISIANA AFFIDAVIT PARISH OF EAST BATON ROUGE,

Before me, the undersigned authority _____, personally came and appeared:

_____, who after being duly sworn, deposed as follows:

I, the undersigned, do hereby file an official complaint against _____.

My complaint is as follows: _____

_____

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Initials: _____

LSU Police Department
PERSONNEL COMPLAINT AFFIDAVIT

*Continuation Page _____ of _____ pages (complete after all pages complete)

Complainant Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____

Initials: _____

LSU Police Department
PERSONNEL COMPLAINT AFFIDAVIT

Witness Name: _____ Telephone #: (_____) _____ - _____

Address: _____ City: _____ State: _____

Witness Name: _____ Telephone #: (_____) _____ - _____

Address: _____ City: _____ State: _____

Witness Name: _____ Telephone #: (_____) _____ - _____

Address: _____ City: _____ State: _____

I hereby swear or affirm that all of the information I have provided in this Affidavit is true and correct. I fully understand that by signing this affidavit, I will be required to appear at, and testify if necessary, at any hearing to which I am requested related to this complaint. I agree to return to testify when notified, and I realize that failing to do so may result in this complaint being terminated.

I agree to furnish, at my own expense, any medical records or documents and witness names which the LSU Police Internal Affairs investigation may request of me in regard to this complaint. I understand in order for there to be a thorough investigation my cooperation is required; and further that if I fail to cooperate or provide the records or witness names within ten working days of the date of incident that the investigation may be terminated.

I fully understand that any false statement I make to LSU Police investigators or designee, in regard to this complaint may be a violation of LRS 14:133.5, Filing a False Complaint Against a Law Enforcement Officer. The crime of filing a false complaint against a law enforcement officer is punishable by a fine of up to five hundred dollars ($500.00) or imprisonment in the Parish jail for up to six (6) months or both.

In the event I believe I have been retaliated against for filing this complaint, I understand that I may report such information to LSU Police for additional investigation.

I certify that I have read this form and understand it in full, and that all of the information that I have given or will give to LSU Police investigators or designee is true and correct to the best of my knowledge.

Thus done, read and signed at _____, State of Louisiana, this _____day of _____,

_____.

_____ _____

AFFIANT SIGNATURE **EX-OFFICIO or NOTARY PUBLIC SIGNATURE & # (circle one)**

_____ _____

AFFIANT PRINT NAME **EX-OFFICIO or NOTARY PRINT NAME**

_____

COMMISSION EXPIRATION

Initials: _____