

Franklinton Police Department
409 11th Ave.
Franklinton, La.
985-839-4474

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 and will be completed by the Notary.
- The blank after “Personally came and appeared” is the complainant’s name.
- The blank after “Do hereby file an official complaint against” is the Franklinton Police Department 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 all information below this. It will be completed by the person taking the complaint or the Notary.
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- **After completion of form, place in a sealed envelope and returned to the Franklinton Police Department Internal Affairs Division**

PERSONNEL COMPLAINT AFFIDAVIT

DATE: _____

TIME: _____

Internal Use Only	
Date Written Affidavit Received:	_____
IA or Non IA Case Number	_____
Assigned to: _____	Date Assigned: _____

(COMPLAINANT INFORMATION)

NAME: _____

DATE OF BIRTH: _____ AGE: _____ D.L #: _____ STATE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (RESIDENCE): _____ CELL PHONE: _____

STATE OF LOUISIANA

AFFIDAVIT

PARISH OF _____

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:

PERSONNEL COMPLAINT AFFIDAVIT

CONTINUATION PAGE

COMPLAINANT INFORMATION

NAME: _____

DATE OF BIRTH: _____ AGE: _____ D.L #: _____ STATE: _____

Continuation Page:

Witness information:

Name: _____

Address: _____

Telephone Number(s): _____

Name: _____

Address: _____

Telephone Number(s): _____

Name: _____

Address: _____

Telephone Number(s): _____

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 administrative hearing to which I am subpoenaed. 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 Franklinton Police Department 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 that the investigation may be terminated.

I fully understand that any false statement I make to the Franklinton Police Department Internal Affairs 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.

I have been advised that Franklinton Police Department has a policy prohibiting retaliation for filing a complaint against an officer. In the event I believe I have been retaliated against for filing this complaint, I understand that I may report such information to Internal Affairs for 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 the Franklinton Police Department Internal Affairs 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

EX-OFFICIO / NOTARY PUBLIC

(circle one)

PRINT NAME

EX-OFFICIO or NOTARY NUMBER _____

MY COMMISSION EXPIRES _____