

# CITY OF THIBODAUX

## ***POLICE DEPARTMENT***

1309 CANAL BOULEVARD – P.O. BOX 1338

THIBODAUX, LOUISIANA 70302

TELEPHONE: (985) 448-5861

FAX: (985) 448-5862

Web Site: ci.thibodaux.la.us



**Police Chief Bryan Zeringue**

### ***COMPLAINT AGAINST DEPARTMENT MEMBER***

\_\_\_\_\_  
**File Number**

\_\_\_\_\_  
**Name of Complainant**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Address of Complainant**

\_\_\_\_\_  
**Home Telephone Number**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Business Telephone**

\_\_\_\_\_  
**Date, Time and Location of Incident**

**Name of Person(s) You are Complaining About, If Known**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Have You Reported This To Anyone Previously?**

**If So, Whom and When**

Yes [ ]      No [ ]

### **Person(s) Who Actually Saw the Event (Including Self)**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**



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Initialed \_\_\_\_\_

**Please Read Before Signing**

I, the below undersigned, do hereby desire to file an official complaint on the above named person(s).

I fully understand that any false statements that I make to the Chief of Police, the Thibodaux Police Department, or the Internal Affairs Detective in regard to this complaint are a violation of Louisiana Revised Statue 14:133.3 **“Filing a false complaint against a law enforcement officer”**. Upon being convicted of filing a false complaint against a law enforcement officer, I can be fined up to five-hundred dollars (\$500.00) or imprisoned in the Parish Jail for up to six (6) months.

I agree to furnish at my own expense any medical records or documents necessary to further the investigation into this complaint. Furthermore, I fully understand that it is incumbent upon me to produce any witnesses to testify in this matter. Failure to complete and return this form with any records and / or documents along with witness(s) information within **fifteen (15) days** from the date on this form will cause this complaint to be terminated. Upon termination of this complaint, no further action will be taken in its regard.

I fully understand that by signing this complaint, I will be required to appear and testify, if necessary, at any court session and / or civil service hearing to which I am subpoenaed. If I fail to appear upon being subpoenaed, I understand a warrant may be issued for my arrest.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Person Receiving Complaint

\_\_\_\_\_  
Date / Time