Victoria Police Department
Harassment Report Packet

Harassment Report Instructions

1. Complete the attached Reportee Contact Information Form and Sworn Statement.

2. Distribute an attached Harassment Witness Form to any person who witnessed the incident. If there are no witnesses, state “None” on the witness form.

3. Ensure that each Harassment Witness Form and Witness Sworn Statement that is distributed is completed in their entirety.

4. Complete the Sworn Statement form. Upon completion it must be notarized prior to it being signed. If you cannot locate a Notary Public, bring the form to the Police Department Investigations Division and have a Licensed Peace Officer witness and sign the statement. This applies to witnesses as well.

5. Place a check mark next to, and attach any of the following evidence that may apply to this incident:
   _____ Personal witness of the incident
   _____ Copy of incident made by E-Mail
   _____ Copy of incident made by Letter
   _____ Copy of phone records (at least 30 days prior to offense to current date)
   _____ Copy or pictures of text messages
   _____ Copy of recordings of voice mail or recorded phone conversation

6. **DO NOT SUBMIT THIS HARASSMENT REPORT PACKET UNTIL ALL FORMS ARE COMPLETED AND ALL AVAILABLE EVIDENCE IS OBTAINED.**

7. Either deliver in person or mail this cover sheet, along with all pages of the completed Harassment Packet, and any applicable evidence check marked above to the address below. If recordings apply, an assigned investigator can coordinate collecting them.

   Victoria Police Department
   ATTN: Telephone Response Unit
   306 S Bridge St.
   Victoria, TX 77901

**NOTE:** This packet will be reviewed for completeness prior to being assigned to a Harassment Investigator. Please ensure that the Incident Statement Form and all Harassment Witness Forms are completed and that all evidence relating to this incident is attached. It may be necessary to delay the submittal of this packet until this information can be collected.
**Reportee Contact Information Form**

Please Print all Information

1. Reportee Name: ____________________________________________
   Last First Middle

2. Date of Birth: __/__/____
   Mon / Day / Year

3. Sex: M / F (circle one)

4. Race: __________

5. Home Address: ____________________________________________

6. Home / Cell Phone: _________________________________________

7. Work Place: _______________________________________________
   (Name & Address)

8. Work Phone: _____________________________________________

**Offender Contact Information**

1. Offender Name: ____________________________________________
   Last First Middle

2. Date of Birth: __/__/____
   Mon / Day / Year

3. Sex: M / F (circle one)

4. Race: __________

5. Home Address: ____________________________________________

6. Home / Cell Phone: _________________________________________

7. Work Place: _______________________________________________
   (Name & Address)

8. Work Phone: _____________________________________________
THE STATE OF TEXAS
COUNTY OF VICTORIA

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS THE _______________ DAY OF ___________________, A.D., ________________, PERSONALLY APPEARED _______________________________ AT LOCATION ______________________________

_______________________________________________________________, WHO AFTER BEING DULY SWORN, DEPOSES AND SAYS:

MY NAME IS ____________________________________________________ AND I AM _________ YEARS OF AGE, HAVING BEEN BORN ON ___________________ IN _________________________. MY PRESENT HOME ADDRESS IS: ___________________________________.

_______________________ HOME PHONE: ____________________. I AM CURRENTLY EMPLOYED AS A ___________________________

FOR: _____________________________ MY WORK ADDRESS IS: ______________________________________________________________

WORK PHONE: _________________________. THE PERSON WHO WILL ALWAYS KNOW MY WHEREABOUTS OR HOW TO REACH ME IS: _____________________________, AND THEIR ADDRESS AND PHONE ARE: ___________________________________. MY DRIVER’S LICENSE NUMBER IS: ___________________, MY SOCIAL SECURITY NUMBER: IS: _____________________________.

I GIVE MY PERMISSION TO THE VICTORIA POLICE DEPARTMENT TO WRITE OR TYPE THIS STATEMENT OUT FOR ME.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I HAVE READ THIS STATEMENT (OR ____________________________________________ HAS READ THIS STATEMENT TO ME) CONSISTING OF ________ PAGE(S) AND IT IS ALL TRUE AND CORRECT.

________________________________________

(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS THE _________________ DAY OF ___________________, _A.D._, _______ AT ________ O’CLOCK, AT LOCATION: ___________________________________.

______________________________________

(Print Name) Peace Officer

Sworn and Subscribed before me on this the ___________ day of ___________________, 20__

_________________________________________

Notary Public. State of Texas
**Witness Form**

Please Print all Information

1. **Witness Name:** ____________________________________________________________
   Last                   First                   Middle

2. **Date of Birth:** ___/___/____  
   Mon / Day / Year

3. **Sex:**  M / F  
   (Circle One)

4. **Race:** __________

5. **Home Address:** _________________________________________________________

6. **Home / Cell Phone:** ____________________________________________________

7. **Work Place:** ____________________________________________________________
   (Name & Address)

8. **Work Phone:** ___________________________________________________________
THE STATE OF TEXAS
COUNTY OF VICTORIA

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS THE __________ DAY OF __________________, A.D., __________,
PERSONALLY APPEARED ___________________________ AT LOCATION ___________________________

_______________________________________________________________, WHO AFTER BEING DULY SWORN, DEPOSES AND SAYS:

MY NAME IS ____________________________________________________ AND I AM _________ YEARS OF AGE, HAVING BEEN BORN
ON ___________________ IN _________________________. MY PRESENT HOME ADDRESS IS: ___________________________
_______________________ HOME PHONE: ________________. I AM CURRENTLY EMPLOYED AS A ___________________________
FOR: _____________________________ MY WORK ADDRESS IS: ______________________________________________________________
WORK PHONE: ___________________________. THE PERSON WHO WILL ALWAYS KNOW MY WHEREABOUTS OR HOW TO REACH
ME IS: ______________________________________, AND THEIR ADDRESS AND PHONE ARE: ___________________________
_________________________________. MY DRIVER’S LICENSE NUMBER IS: ___________________. MY SOCIAL SECURITY NUMBER: IS: _____________________________.
I GIVE MY PERMISSION TO THE VICTORIA POLICE DEPARTMENT TO WRITE OR TYPE THIS STATEMENT OUT FOR ME.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I HAVE READ THIS STATEMENT (OR ____________________________ HAS READ THIS STATEMENT TO ME)
CONSISTING OF ________ PAGE(S) AND IT IS ALL TRUE AND CORRECT.

________________________________________
(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS THE ____________ DAY OF
______________________ , A.D., ___________ AT ________ O’CLOCK, AT LOCATION: ___________________________.

_____________________________________
(Print Name) PEACE OFFICER

Sworn and Subscribed before me on this the ____________ day of __________________, 2____

__________________________
Notary Public. State of Texas

R-53 (1-20-2010)