

COMPLAINT INTERVIEW FORM

Complaining Witness (Person Requesting Complaint) Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ DOB: _____

Defendant (Person Against Whom You Want a Complaint):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ DOB: _____

Date of Offense: _____ Location of Offense: _____

Please provide a detailed description of what happened: _____

Where police called? _____ No _____ Yes

Names of officers: _____

Did the officers take a report? _____ No _____ Yes

Did you bring a copy of this report? _____ No _____ Yes

Witnesses:

Please provide the names, addresses and phone numbers of all witnesses to the events stated above:

I swear that the above is true to the best of my knowledge and that I have received and understand the complaint form instructions.

Signature



Dated _____