

CITIZEN'S COMPLAINT REPORT

Office of the Prosecuting Attorney Twelfth Judicial District

Date: _____

COMPLAINANT (Your name)

Name: _____ Sex: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

Work address: _____ City, State, Zip: _____

Telephone(s): _____ Other contact point: _____

POTENTIAL DEFENDANT(S) (Person you are making the complaint about)

1) Name: _____ SS#: _____ - _____ - _____ Date of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Telephone: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

Work address: _____ City, State, Zip: _____

Telephone(s): _____ Other contact point: _____

Automobile make/model: _____ Color: _____ Year: _____

2) Name: _____ SS#: _____ - _____ - _____ Date of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Telephone: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

Work address: _____ City, State, Zip: _____

Telephone(s): _____ Other contact point: _____

Automobile make/model: _____ Color: _____ Year: _____

WITNESSES

1) Name: _____ Sex: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

2) Name: _____ Sex: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

3) Name: _____ Sex: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Telephone: _____ Employer: _____

What is your relationship to this potential Defendant?

- Spouse (including common law) Ex Spouse Friend Employer or Employee
- Girl or Boy Friend Co-habiting Child Acquaintance
- Other Family Neighbor Stranger Other (specify) _____

Have you previously made a complaint against this potential Defendant? _____ When? _____

Has this potential Defendant ever made a complaint against you? _____ When? _____

OFFENSE

Location: _____ Date: _____ Time: _____

Brief Description of Complaint –**NOTE: YOU MUST WRITE A BREIF DESCRIPTION OF WHAT HAS OCCURRED IN ORDER TO SEE AN ATTORNEY.** _____

Have police been contacted? If yes, specify date and agency contacted. Date: _____

Law enforcement agency: _____ Do you have a copy of the report? _____

Was anyone arrested? If yes, give name and charge: _____

Please describe medical treatment and/or property damage, if any: _____

Please estimate medical or repair bills: _____

I agree to appear in court and to testify whenever I am needed. I understand that once I file this complaint, I cannot later withdraw my complaint. It is my responsibility to notify the Prosecuting Attorney’s office of any change in my address or telephone number.

I understand that the decision to actually file criminal charges will be made by the Prosecuting Attorney’s Office. I further understand that in the event a warrant is issued, the defendant is constitutionally entitled to be released on BAIL pending the outcome of the case.

I realize that if I have intentionally provided any false information, I may be prosecuted or be held liable in Circuit Court.

By: _____
Complainant’s Signature

Based on the foregoing, I, _____, (Deputy) Prosecuting Attorney, recommend cash, or corporate surety bond be set in the amount of \$ _____, on the subject, and that it be noted on the above issued warrant of arrest.

DANIEL SHUE, Prosecuting Attorney

Approved by: _____