



Note: On this form, please provide only the information that you can swear to as being true.

Note: In the OTHER INFORMATION Section you may provide thoughts, feelings, etc. You will not be expected to be able to swear to the information provided in this section.

COMPLAINANT

Name: _____

Address: _____

Phone: _____

ALLEGED OFFENSE

Offense Date: _____

Offense Time(s): _____ a.m. p.m.

Offense location: _____

Offender's Name (if known): _____

Offender's Address: _____

DETAILS (Provide as much specific evidence as you can.)

OTHER INFORMATION (Thoughts, feelings, concerns, etc.)

I understand that my identity will remain confidential unless I am subpoenaed to speak to these allegations in Court, i.e., if alleged offender pleads Not Guilty.

Date signed _____

Signature: _____