

TWO PARTY COMPLAINT FORM

Complainant 1

Name: _____

Address: _____

Phone #: _____

Birth Date: _____

Complainant 2

Name: _____

Address: _____

Phone #: _____

Birth Date: _____

Summary of Incident

Date of Incident: _____

Time of Incident: _____ (am / pm)

Address / Location of Incident: _____

Applicable Ordinance (See Instructions): _____

Brief Description of Incident

Defendant Information (if known)

Name of alleged violator: _____

Address: _____

Physical Description (sex, race, height, weight, approximate age): _____

Vehicle Information

License #: _____

Vehicle Type: _____

Vehicle Color: _____

Noise Violations

Estimated distance from you to the violation? _____ ft

Narrative: (Use the back if necessary)

Photo attached: Yes _____ No _____

Investigator Comments:

Both Complainants must sign and in doing so acknowledge they understand this complaint is a public document and they are agreeing to testify under oath to the contents herein.

Complainant 1 _____ Date _____

Complainant 2 _____ Date _____

Received by: _____

Date: _____ Time: _____

Date Investigation Finished: _____

Time: _____

