

**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: \_\_\_\_\_

