

WAYNE COUNTY PROSECUTOR'S OFFICE COMPLAINT FORM

File No _____

PLEASE PRINT ALL INFORMATION

COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HAVE YOU EVER BEEN ARRESTED _____ IF YES, PLEASE EXPLAIN

HAVE YOU BROUGHT CHARGES AGAINST THIS PERSON BEFORE _____

YOUR RELATIONSHIP WITH THIS PERSON _____

PERSON(S) YOU WANT CHARGES

NAME _____

NAME _____

AGE _____

AGE _____

ADDRESS _____

ADDRESS _____

CRIME _____

CRIME _____

WITNESSES

NAME _____

NAME _____

AGE _____

AGE _____

ADDRESS _____

ADDRESS _____

WHERE THE POLICE CALLED _____
WHICH DEPARTMENT _____

IS THERE A POLICE REPORT _____
INVESTIGATING OFFICE _____

FACTS OF THE CRIME

TIME _____ A.M./P.M. DATE _____ DAY OF THE WEEK _____

PLACE OF OCCURRENCE _____

DETAILS _____

I swear and affirm, under the penalties of perjury, that the above representations are complete and accurate and truthful, and I understand that I will be prosecuted for making untrue allegations. Furthermore, I agree to cooperate in the prosecution of this case with the office of the Prosecuting Attorney in any way requested.

DATE _____ SIGNATURE _____