



181 W. Harrison St. • P.O. Box 68 • Warsaw, Mo. 65355
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COMPLAINT FORM

DATE: ___/___/___

S.S.N#: _____

TIME: _____ AM / PM

I _____ with my date of birth of ___/___/___
(Complainant)

My address is: _____ City: _____ State: _____ Zip: _____

Phone #1 : (____) _____ Phone # 2: (____) _____

I do state the following facts are true and to the best of my knowledge. I will also testify under oath in a court of law in reference to my complaint should it come to trial.

Give summary of pertinent details such as: suspects, damage done, words used, weapons, vehicles, addresses, times, etc.

Suspect Name(s): (if Known): _____

Suspect Address: (if Known): _____ Phone: _____

List any witnesses: Name(s), Address, Phone#): _____

I am aware of the fact that it is unlawful to make a false report to a police officer. I affirm that the above information is true and correct and I will assist in the prosecution of any person responsible for the above complaint.

Complainant's Signature

Reporting Officer & DSN

Case Number