

CITIZEN'S COMPLAINT REPORT

JUVENILE'S NAME FILING AGAINST ADULT: _____ - "C"-SON/DAUGHTER/GC": _____ AGE: _____ DOB: ____/____/____
JUVENILE'S BIOLOGICAL PARENT/COURT APPOINTED LEGAL GUARDIAN is filing as COMPLAINANT & must be with JUVENILE(s) when filing REPORTS

COMPLAINANT - Person Filing Report(s) must be Adult 18 & Older - { PERSON FILING REPORT(S) IS THE ONLY ONE ALLOWED BACK DURING INTERVIEW }

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	GENDER	DATE OF BIRTH ____/____/____
HOME ADDRESS(INCLUDE: (CITY, STATE, & ZIP CODE) (CANNOT USE P.O. BOX ADDRESS)					HOME # _____ CELL # _____ ()
WORK ADDRESS: (INCLUDE: CITY, STATE, & ZIP CODE)					WORK # _____ MESSAGE # _____ ()
E-MAIL ADDRESS:					

POTENTIAL DEFENDANT - Person you're complaining about must be ADULT/18/OLDER - { SEPARATE REPORT FORM FOR EACH POTENTIAL DEFENDANT }

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	GENDER	DATE OF BIRTH ____/____/____
HOME ADDRESS: (INCLUDE: CITY, STATE, & ZIP CODE) - (NO P.O. BOX ADDRESS)					HOME # _____ CELL # _____ ()
WORK ADDRESS or OTHER POSSIBLE CONTACT POINT: (INCLUDE: CITY, STATE, & ZIP CODE)					WORK # _____ MESSAGE # _____ ()

WITNESS INFORMATION – Other Person(s) Whom Seen Criminal Act Committed - { NOTE: COMPLAINANT is NEVER a WITNESS }

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	DATE OF BIRTH ____/____/____	
HOME ADDRESS: (INCLUDE: CITY, STATE, & ZIP CODE - NO P.O. BOX ADDRESS)					HOME # _____ CELL # _____ ()
PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	DATE OF BIRTH ____/____/____	
HOME ADDRESS: (INCLUDE: CITY, STATE, & ZIP CODE - NO P.O. BOX ADDRESS)					HOME # _____ CELL # _____ ()

WHAT IS YOUR RELATIONSHIP TO THE POTENTIAL DEFENDANT (v-CHECK ONE):

- SPOUSE(INCLUDES COMMON LAW)
 GIRL or BOYFRIEND
 SIBLING
 OTHER RELATIVE
 FRIEND
 NEIGHBOR
 EMPLOYER
 EX-SPOUSE(LEGALLY DIVORCED)
 EX-GIRL or BOYFRIEND
 CHILD
 ACQUAINTANCE
 STRANGER
 CO-HABITING
 EX-EMPLOYEE
 OTHER
- HAVE YOU PREVIOUSLY FILED A COMPLAINT REPORT AGAINST THE POTENTIAL DEFENDANT AT THIS OFFICE? YES NO
- HAS THE POTENTIAL DEFENDANT EVER FILED A COMPLAINT REPORT AGAINST YOU? YES NO
- UNKNOWN
- HAVE THE POLICE BEEN CONTACTED? NO or YES * IF YES, WHAT DATE: ____/____/____ POLICE REPORT# _____
- POLICE AGENCY:
 LITTLE ROCK
 NORTH LITTLE ROCK
 JACKSONVILLE
 PULASKI COUNTY
 SHERWOOD

Location of Offense:
Write 1-3 Sentences Describing How Criminal Act was Committed/Occurred: