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| COMPLAINT REPORT | FILE# |
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NAME OF COMPLAINANT (Your Name) PHONE NUMBER

ADDRESS OF COMPLAINANT (Your street address)

NAME OF ALLEGED OFFENDER

ADDRESS OF ALLEGED OFFENDER

DATE(S) OF OFFENCE TIME(S) OF OFFENCE

DETAILS OF COMPLAINT:

(Please use reverse side for more space)

I do hereby declare the above information to be true and correct and fully understand that my presence in a court of law may be required. It is also understood that this information will be used at the discretion of the Town of Legal.

Signature of Complainant

Signed this _____, _____, 20_____.

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| FOR OFFICE USE ONLY: | DISTRIBUTION |
| DATE | TO WHOM |
| | COMMENTS |