

COLE CAMP POLICE DEPARTMENT
COMPLAINT FORM
401 W Main St, Cole Camp Mo, 65325
660-668-2321

Date: _____

Name:	DOB:
Address:	
Email:	Phone:

I do state the following facts are true and to the best of my knowledge. I also will:
TESTIFY UNDER OATH UNDER COURT OF LAW
in reference to my complaint, should it come to trail.

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

Suspect(s) Name(s), address, phone#, if known:

List any witnesses Name(s), address, phone#, if known:

I am aware of the fact that it is UNLAWFUL to make a false report to a Police Officer, that this information is true and correct, and I will assist in prosecution of any person or persons responsible for described complaint.

Complainants signature:	Officer:	Case Number
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