

COLUMBUS CITY ATTORNEY RICHARD C. PFEIFFER JR.

www.columbuscityattorney.org

COMPLAINT FORM

DATE _____

COMPLAINT NO. _____

THE VICTIM INTERVIEW AND ALL WITNESS STATEMENTS RELATED TO THIS COMPLAINT WILL BE AUDIO RECORDED

YOUR INFORMATION:

Form with fields: Last Name, First Name, Middle Name, Social Security Number, Date of Birth, Race, Sex, Street Address, Zip Code, City, State, Employer, Work Phone No., Home Phone No., Cell Phone No.

INFORMATION FOR PERSON AGAINST WHOM YOU ARE FILING A COMPLAINT:

Form with fields: Last Name, First Name, Middle Name, Social Security Number, Date of Birth, Race, Sex, Street Address, Zip Code, City, State, Height, Weight, Eyes, Hair, Marks/Tattoos, Employer, Work Phone No., Home Phone No., Cell Phone No.

DO YOU HAVE CHILDREN WITH THE PERSON YOU ARE FILING AGAINST?

YES NO

If YES, enter the information below:

Form with fields: Child's Name, Date of Birth (repeated twice)

WHAT IS YOUR RELATIONSHIP WITH THE PERSON WHOM YOU ARE FILING AGAINST?

- Parent/Child, Spouse/Ex-Spouse, Relative, Boyfriend/Girlfriend or Ex-Boyfriend/Ex-Girlfriend, Other, Have you lived with him/her within the past 5 years? YES NO

WHEN AND WHERE DID THE INCIDENT OCCUR?

Form with fields: Date, Time, Address, Zip Code

