CITIZEN'S COMPLAINT REPORT

City of Elyria Prosecutor's Office

NO				TODAY'S DATE:		
Office Use Only						
Your Name		Date of Birth		Social Security No.		
Your Address	City	State	Zip Code	Home Phone No.		
Your Employer		W	ork Phone No.			
		COMPLA	AINT AGAINST			
Name		D.O.B	S.S.N.	Race	Sex	
Address	City	State	Zip Code	Home Phone No.		
Height	Weight	Eyes	Hair I	Marks/Tatoos		
Employer		Wo	ork Phone No.			
When did this incide	nt occur					
Location of Incident		Date		Time		
	Address		County	City		
Do you know the oth						
Have you filed a Con				n		
Do you know of any p	· ·			Yes No Describe	<u> </u>	
Did you call the polic				ponded?		
Did you sign a police	report? Yes N	lo Do yo	u know why this in	cident occurred? Yes	No	
Describe		· · · · · · · · · · · · · · · · · · ·			1 P. Marie, 1 - 10 a	

Any Witnesses? Yes No		Dhone No		
Name	Address Address	Phone NoPhone No		
Please write a <u>brief</u> description of	Statement of Facts of what happened at the time of this in	cident:		
And the second s				
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made the above report truthfully, in report made by me is subject to cris or power to dismiss the charge; all	ith a request for a criminal investigation an agood faith, and declare the truth of the a	and assistance. I acknowledge that I have above statements, knowing that a false quently signed, I realize that I have no right I also understand, if I am subpoenaed to		
	Signatur	e		
Office Use Only				
NOTES FOR INTAKE/PROSECUTOR:				
CHARGES: YES NO	LETTER SENT:	YES NO		
CHARGE:	ORD OR ORC NO	D.:		
WARRANT or SUMMONS	PROSECUTOR'S	PROSECUTOR'S AUTHORIZATION:		