



# McCone County Complaint Form

CR# \_\_\_\_\_

Officer Assigned: \_\_\_\_\_

## Complainant/Reporting Party Information:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Suspect: \_\_\_\_\_

## Complaint Information:

Nature of Complaint: \_\_\_\_\_

Date Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time or Time Range: \_\_\_\_\_ to \_\_\_\_\_

Details of Complaint or incident (be as specific as possible listing names, dates & descriptions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

If more space is needed, please continue on back of form.

**Property Information:** (Please list each item separately. Be as specific as possible including make, model & serial number if you have them)

Property lost/stolen/damaged	Approximate Value
_____	_____
_____	_____
_____	_____
_____	_____

