



COMPLAINT FORM

Date: _____

Complainant Name: _____

Complainant Address: _____

Telephone Number: _____

Respondent Name: _____

Respondent Address: _____

Description of Complaint:

Signature of Complainant

The Complainant must be willing, if it becomes necessary, to appear in Municipal Court before the Municipal Judge and Respondent/Defendant to testify concerning the facts in the Complaint.

Date Received: _____
Disposition:

