



**Reserved for Board of Aldermen:**  
**Date Submitted:** \_\_\_\_\_  
**Time Submitted:** \_\_\_\_\_  
**Manner Submitted:** \_\_\_\_\_

**CONFIDENTIAL**  
**Report of Complaint**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Night): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of person against whom this complaint is directed: \_\_\_\_\_

\_\_\_\_\_

Witnesses:

Name	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I may not file a complaint on behalf of another person and I am making this complaint on my own behalf.

I sincerely and truly declare and affirm that the content contained herein is complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statements have been made by me voluntarily without persuasion, coercion or promises of any kind.

I understand that this statement of complaint that I am about to make will be submitted to the New Melle Board of Aldermen and may be the basis for an investigation including a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to participate in the investigation and appear before a board of inquiry, if one is requested by the Board of Aldermen and/or their attorney, and to testify under oath concerning all matters relevant to this complaint.

**I understand that this complaint will be viewed as an Official Report by the New Melle Board of Aldermen and the Prosecuting Attorney for the City of New Melle. I further understand that I can be prosecuted in the event that false or misleading information is found within this complaint.** In addition, I understand that the accused person has the right to seek civil damages against any complaint falsely or frivolously accusing said person.

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

Date: \_\_\_\_\_

Subscribed and sworn to before me on this ____ day of _____, 20____.	
_____	
Notary Public	
My commission expires: _____	Affix Seal Here



