

CITIZEN COMPLAINT FORM

Please provide as much detail as you can to the following questions.

Please understand that the Prosecutor represents the State of Ohio. The Prosecutor does not represent you and is not your lawyer. If you would like representation it is suggested that you contact an attorney for advise.

Please complete the form and return it to the Clerk's office. When you complete the form, the prosecutor will review it. The Prosecutor will contact you on whether charges will be filed or not. A decision to prosecute rests with the prosecutor and depends on the information you provide and on the evidence available.

FILING REQUIREMENTS:

1. Report **must** be signed at the end.
2. Witness statements **must** be provided at the time of filing.
3. Medical bills and damage estimates **must** be provided by the first pretrial.
4. Description of defendant **must** be given.
5. The Social Security Number and/or Date of Birth **must** be provided.

KNOWINGLY MAKING A FALSE STATEMENT SUBJECTS YOU TO CRIMINAL AND CIVIL ACTION.

Office of the City Prosecutor
Vermilion, Ohio

1. Your name _____ Age _____ Date of Birth _____
Your address _____ City _____
Your Social Security No. _____ Telephone No. _____
Your occupation _____
Place of employment _____

**THE FOLLOWING PERTAINS TO THE PERSON YOU ARE COMPLAINING
ABOUT:**

2. Name _____ Telephone No. _____
Address _____ City _____
Age _____ Date of Birth _____ Social Security No. _____
Height _____ Weight _____ Hair _____ Eyes _____ Race _____ Sex _____
Place of employment _____
Driver License No. _____
(Bring in a recent photograph of the above person if available)

3. Day and date of incident _____ Time _____

4. Location of incident _____ COUNTY _____

5. Were law enforcement officials notified? _____ If yes, what action was taken by them?

If no, state reasons for failure to notify? _____

6. List name, address, and telephone no. of persons present before, during and after incident:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

7. State what each person listed above saw, heard, and did:

8. Of the persons listed in questions 6 and 7, which do you expect to call as witnesses?

9. Are you related to any of the persons involved or any of the witnesses? _____ If yes, state the nature of such relationship. _____

10. Did you know the accused prior to the incident? _____ If yes, state the length of time and the nature of such acquaintance. _____

11. Were weapons involved? _____ If yes, what type of weapon, who used such weapon, and how such weapon was used. _____

12. If personal injuries were involved, state the nature of such injuries, the medical treatment, which you sought, the amount of medical expenses, and the name of the person/s and/or organizations, which treated you. Also, state whether or not you have color photographs of such injuries.

13. If property damage is involved, list each item of property, which was damaged, the value of each, and the amount of damage to each item. Include any estimates.

17. State any other information, which you feel the prosecutor should be aware of.

I do hereby acknowledge that I have made the above report truthfully and in good faith and do declare the truth of the above statements knowing that a false report made by me is subject to criminal prosecution for perjury.

Signature _____

Sworn to before me and subscribed before me, this _____ day of _____, 20__.

Clerk/Deputy Clerk