

<u>Carter County Sheriff's Office</u> 15 Sycamore Street / Mailing Address: PO Box 817 Van Buren, MO 63965 (573)323-4510 or Emergency Dial 911 Fax (573) 323-4182



COMPLAINT FORM

Incident	Number:	Offic	er receiving con	ıplaint:				
Your Name:								
Address:								
DOB:	S	SSN:		Phone # Home/Ce	Phone # Home/Cell #'s			
Height:	We	ght: Eye: Hair: Sex:		x:				
Date Occurrence: T		Time Occur	Time Occurrence:		Location of Occurrence:			
Name of Susp	ect/Offender:							
Address:								
Phone:								
DESCRIPTION	ON OF SUSPI	ECT/OFFEND	ER:					
DOB:	Sex:	Race:	Height	: Weight:	Eyes:	Hair:		
DESCRIPTION	ON OF SUSPI	 ECT/OFFEND	ER'S VEHICL	E:				
Year:	ear: Model		Color:	License:	License: State:			
Witness:								
ame:			Address:					
lame:			Address:	Address:				
The Facts are as fo	llows:							

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I HAVE READ EACH PAGE OF THIS STATEMENT CONSISTING OF PAGE(S), EACH PAGE OF WHICH BEARS MY SIGNATURE AND CORRECTION IF ANY, BEARS MY INITIALS, AND CERTIFY THAT THE FACTS CONTAINED HEREIN ARE TRUE AND CORRECT.						
SIGNATURE OF COMPLAINANT:	Date:	Time:				