

**CITIZENS' COMPLAINT FORM**

IF YOU WISH TO FILE A COMPLAINT YOU MUST COMPLETE THE FOLLOWING:

NAME OF PERSON YOU ARE CHARGING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_  
(HUSBAND, WIFE, FRIEND, NEIGHBOR, ETC.)

PLEASE WRITE THE NATURE OF THE OFFENSE AND WHAT HAPPENED:

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF WHERE IT HAPPENED: \_\_\_\_\_

DATE IT HAPPENED: \_\_\_\_\_ WERE POLICE INVOLVED? \_\_\_\_\_

IF SO, WHAT HAPPENED? \_\_\_\_\_

\_\_\_\_\_

ARE THERE OTHER COMPLAINTS PENDING FROM THIS INCIDENT? \_\_\_\_\_

IF SO, WHERE AND WHEN SIGNED: \_\_\_\_\_

AGAINST WHOM: \_\_\_\_\_

OFFENSE YOU ARE CHARGING AND DESCRIPTION OF THE INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: IF THE PERSON YOU ARE CHARGING IS A JUVENILE UNDER 18 YEARS OF AGE YOUR COMPLAINT MUST BE FILED WITH THE WOODBRIDGE POLICE DEPARTMENT JUVENILE AID BUREAU. IF THE COMPLAINT IS FOR A BAD CHECK, PAYMENT MUST HAVE HAD TO BEEN REFUSED BY THE BANK WITHIN 30 DAYS OF ISSUE, AND THE ISSUER HAVING FAILED TO MAKE GOOD WITHIN 10 DAYS AFTER NOTICE SENT BY CERTIFIED MAIL ASKING THAT THE CHECK BE MADE GOOD. YOUR FAILURE TO APPEAR IN COURT WHEN SCHEDULED FOR TRIAL MAY RESULT IN A CHARGE OF CONTEMPT OF COURT, POSSIBLE FINE, AND POSSIBLE DISMISSAL OF THE CHARGES FOR LACK OF PROSECUTION. ALL THE FACTS THAT YOU WISH TO MAKE THE COURT AWARE OF SHOULD BE LISTED ABOVE. YOU MAY BRING WITNESSES AT THE TIME OF TRIAL.

PRINT YOUR NAME: \_\_\_\_\_

PRINT YOUR ADDRESS: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

I HAVE READ AND ACKNOWLEDGED THE ABOVE INFORMATION. MY SIGNATURE OF THE FORMAL COMPLAINT WILL ACKNOWLEDGE THAT THE COMPLAINT HAS BEEN PROPERLY PREPARED.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT