



City of Center

Police Department

Victims Complaint Form



Date: _____

Report # _____

I, _____ DOB: _____ wish to pursue prosecution
for the charge(s) of _____ ordinance # _____
against _____. I am willing to testify in court during
the prosecution of this case and will cooperate with law enforcement and the
prosecuting attorney.

Complainant - X _____

Printed Name - _____

Date of Signature - _____

Officer - _____