



\_\_\_\_\_  
Last Name First Name M.I. Sex Race DOB Drivers License # State of DL

\_\_\_\_\_  
Address City State Zip Area Code Telephone #

Please write a brief narrative of your complaint in the space provided on the back of this form. ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY, FALSE REPORT OR CIVIL STATUTES. UNDER PENALTY OF PERJURY THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON PAGE ONE, TWO AND ALL ATTACHMENTS OF THIS DOCUMENT, ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.

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

NARRATIVE REPORT

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

Under penalty of perjury, the undersigned swears that the facts contained on page one, two, and all attachments of this document are within their personal knowledge and are true and correct.

\_\_\_\_\_  
Signature of Complainant Signature of City Official Receiving Complaint Date Received

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared

\_\_\_\_\_ who on their oath stated the above facts were true and correct.

\_\_\_\_\_  
(Seal)

Notary Public