

Complaint No.:	BALCONES HEIGHTS CODE COMPLIANCE	Date:
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CITIZEN'S COMPLAINT

Date and Time Incident Occurred	Date Reported	Person Reporting Incident
Address of Incident: Number Street	Apt. # City	State Premise

PERSONS INVOLVED IN INCIDENT

Complainant (Person Filing): Last, First, Middle/Business Name				Offender(Person Complained of): Last, First, Middle/Business Name			
Involvement		Date of Birth		Involvement		Date of Birth	
Address: Number Street		Apt #		Address: Number Street		Apt #	
City/State Zip Code		Home Telephone		City/State Zip Code		Home Telephone (If known)	
Employer/School		Business Telephone		Ext.		Employer/School	
						Business Telephone	
						Ext.	

WITNESSES TO INCIDENT

Witness 1 to Incident: Last, First, Middle				Witness 2 to Incident: Last, First, Middle			
Involvement		Date of Birth		Involvement		Date of Birth	
Address: Number Street		Apt #		Address: Number Street		Apt #	
City/State Zip Code		Home Telephone		City/State Zip Code		Home Telephone	
Employer/School		Business Telephone		Ext.		Employer/School	
						Business Telephone	
						Ext.	

BRIEF NARRATIVE OF INCIDENT

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Damages/Injuries Sustained	Value of Damages \$ _____
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COMPLAINANT CERTIFICATION

By completing this form and attaching the mine and other witness statements hereto, I certify that I have personal knowledge of the incident alleged and of the actions of the offender and that the incident alleged and the actions of the offender alleged are truly and accurately represented herein. I agree to be available to provide testimony and to cooperate with the State in the investigation and any prosecution of this matter.

_____ [Signature] Date: _____

Name Printed: _____

FOR OFFICIAL USE ONLY

Action Taken: <input type="checkbox"/> Citation Issued # _____ <input type="checkbox"/> Classified as Information Report <input type="checkbox"/> Offender not Located <input type="checkbox"/> Forwarded to City Prosecutor for Review <input type="checkbox"/> Other: _____	Attached hereto: <input type="checkbox"/> Witness Statement(s) # _____ <input type="checkbox"/> Signed Complaint <input type="checkbox"/> Citation # _____ <input type="checkbox"/> Bills for Loses <input type="checkbox"/> Other: _____
Offense Alleged	Violation Of (Code/Ordinance and Section)
Reporting Officer/Badge, or Received By:	Date

Instructions

- ❑ Complainant must provide all known information. Additional information may be attached or an additional form may be attached if sufficient room is not provided on the complaint form.
- ❑ Complainant must provide a sworn witness statement and if available, a complaint. If the matter is to be prosecuted, the Complainant will be required to sign a complaint and be available to testify.
- ❑ A witness statement must be taken from each witness that complainant tenders.
- ❑ Complainant must provide a brief narrative of the incident, a more detailed statement must be provided in the witness statement, and provide information on injuries and damages including supporting bills.
- ❑ Complainant must sign the complainant certification section.
- ❑ Failure to provide any of the requested information may result in the complaint being classified as an information report.