

**PRIVATE COMPLAINT QUESTIONNAIRE**

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were police contacted? Yes\_\_ No\_\_ If yes is the Police Report attached? Yes \_\_\_\_ No \_\_\_\_

**Information about the Accused**

Accused's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Accused's Race \_\_\_\_\_ Sex : M F Accused's DOB \_\_/\_\_/\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Is there presently or has there been any past court action between you and the accused?

No \_\_ Yes \_\_ If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (if additional space is needed, use back of form)

**The Incident**

Date \_\_\_\_\_ Location \_\_\_\_\_

Witness Names/Addresses/Telephone Numbers:

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

Brief Narrative Describing The Incident:

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

\_\_\_\_\_ ( if additional space is needed, use back of form)

**I hereby certify that the above facts are true and correct to the best of my knowledge. I understand that it is a crime, pursuant to 18 Pa. C.S.A. §4904 to intentionally mislead a public servant in performing his/her function by making any false statement which I do not believe to be true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISAPPROVED BECAUSE:**

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ADA SIGNATURE \_\_\_\_\_

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

**APPROVED**

**Statute description /Acts of the accused associated with this offense:**

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**Statute description /Acts of the accused associated with this offense:**

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**Statute description /Acts of the accused associated with this offense:**

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**Statute description /Acts of the accused associated with this offense:**

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ADA SIGNATURE \_\_\_\_\_

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