

City of Wellston Complaint Form

Incident Number

COMPLAINT FORM

Complainant: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip Code: _____

Complaint/Allegation made against: _____
(Employee's Name)

Summary of the Complaint/Allegations: _____

Location of occurrence: _____

Date of occurrence: _____ Time of occurrence: _____

Witness: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip Code: _____

Notice: Pursuant to Section 136.02, of the Codified Ordinances of the City of Wellston, you are notified that statements you are about to make may be presented to a magistrate or judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment.

Complainant's Signature:

Witness's Signature:

Received by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

