

Town of Valier

Civic Center
514 Montana Street
P.O. Box 512 Valier, MT 59486

406.279.3721
Fax: 406.279.3428

Citizen Complaint Form

All information must be fully filled out before this Citizen Complaint will be accepted by the City and provided to law enforcement for investigation.

Date: _____

Received by: ___ fax ___ email ___ in person

COMPLAINANT CONTACT INFORMATION:

Complainant's Name: _____

Complainant's address (physical and mailing): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

TYPE OF ALLEGATION: _____

LOCATION OF OCCURANCE: _____

DATE OF OCCURANCE: _____ Time: _____ am pm

WITNESSES:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

DESCRIPTION OF ALLEGATION/STATEMENT OF COMPLAINT

Multiple horizontal lines for writing the description of the allegation or statement of complaint.

(If more space is needed, use back of form or attached additional sheet(s) of paper.)

COMPLAINANT AFFIRMATION

I, _____, do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that making false or misleading, or untrue statements or writing to any person(s) investigating this complaint, may subject me to civil prosecution by the accused or criminal prosecution by the City and/or State.

I realize that it may become necessary, during the investigation of the complaint, for me to meet with officers of the Pondera County Sheriff’s Department to discuss the complaint. I further realize that I must be willing and able to attend court and provide sworn testimony to the facts that put in this complaint.

COMPLAINANT SIGNATURE: _____ DATE: _____

THIS COMPLAINT FORM IS A PUBLIC RECORD

Received by: _____ Date: _____

Provided to law enforcement on this date _____ by _____