



Date: _____ Time: _____

Name: _____

Phone Number: _____

May we contact you for further information? ☐ Yes ☐ No Best time? _____

Location of Incident:

Reporting the following complaint/incident:

- ☐ Physical Assault
- ☐ Verbal Assault
- ☐ Fight/Altercation
- ☐ Fire
- ☐ Unwanted Visitor/Trespassing
- ☐ Drug/Alcohol
- ☐ Racial Comments
- ☐ Accident
- ☐ Other

Give a brief description of the information you are reporting. How do you know what you are reporting is accurate and truthful?

[illegible]

(provide additional information on back if necessary)

Names of all individuals involved:

Any Witnesses? ☐ Yes ☐ No

Who? _____

Contact Information



501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

If necessary, were the police contacted? ☐ Yes ☐ No

If yes, please provide any information regarding the responding officers:

Information for the complainant: *You should know that if you do not give your name, in some cases there is very little we can do. If you are willing to give your name and phone number, you may be asked to testify in a court of law.*

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____