



## THREE FORKS MONTANA- Citizen Complaint Form

All information must be fully filled out before this Citizen Complaint will be accepted by the City and provide 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 OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_ Time: \_\_\_\_\_  am or  pm

### WITNESSES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

(more on next page)

DESCRIPTON OF ALLEGATION/ STATEMENT OF COMPLAINT

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(Description of complaint continued)

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(If more space is needed, use back of fomr 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 realized that it may become necessary, during the investigation of this complaint, for me to meet with officers of the Gallatin 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**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Provided to law enforcement on this date \_\_\_\_\_ by \_\_\_\_\_.