

LC/DPA: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_:\_\_\_\_

WILL JONES  
**PROSECUTING ATTORNEY**  
 STATE OF ARKANSAS | SIXTH JUDICIAL DISTRICT

## CITIZEN'S COMPLAINT REPORT

COMPLAINT REPORT(s) can NOT be filed against JUVENILE(s) (17 & Under). If the VICTIM is a JUVENILE filing against an ADULT, complete the following:

JUVENILE'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 JUVENILE'S **BIOLOGICAL PARENT/COURT APPOINTED LEGAL GUARDIAN** is filing as COMPLAINANT must be present with JUVENILE to file COMPLAINT REPORT.

**COMPLAINANT (Your Name) – only person allowed back during interview; must be listed as VICTIM on police report**

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	GENDER	DATE OF BIRTH
HOME ADDRESS (INCLUDE: CITY, STATE, & ZIP CODE) (NO P.O. BOX ADDRESS)				HOME PHONE#	CELL#
WORK ADDRESS (INCLUDE: CITY, STATE, & ZIP CODE)				WORK#	MESSAGE#
EMAIL ADDRESS:					

**POTENTIAL DEFENDANT (ONE Potential Defendant PER form) – must be 18 years old or older & listed as SUSPECT on police report**

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	RACE	GENDER	DATE OF BIRTH
HOME ADDRESS (INCLUDE: CITY, STATE, & ZIP CODE) (NO P.O. BOX ADDRESS)				HOME #	CELL #
WORK ADDRESS or OTHER POSSIBLE CONTACT POINT (INCLUDE: CITY, STATE, & ZIP CODE)				WORK#	MESSAGE#

**WITNESS INFORMATION**

PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	GENDER	DATE OF BIRTH	
HOME ADDRESS (INCLUDE: CITY, STATE, & ZIP CODE) (NO P.O. BOX ADDRESS)				HOME PHONE #	CELL#
PRINT NAME: LAST,	FIRST,	MIDDLE INITIAL	GENDER	DATE OF BIRTH	
HOME ADDRESS (INCLUDE: CITY, STATE, & ZIP CODE) (NO P.O. BOX ADDRESS)				HOME PHONE#	CELL#

**WHAT IS YOUR RELATIONSHIP TO THE POTENTIAL DEFENDANT(✓CHECK ONE):**

SPOUSE (INCLUDES COMMON LAW)  
  GIRL or BOYFRIEND  
  SIBLING  
  CHILD  
  FRIEND  
  NEIGHBOR  
 EMPLOYER  
 EX-SPOUSE (LEGALLY DIVORCED)  
 EX-GIRL or BOYFRIEND  
 OTHER RELATIVE  
 ACQUAINTANCE  
 STRANGER  
 CO-HABITING  
 EX-EMPLOYEE  
 OTHER

HAVE YOU PREVIOUSLY FILED A COMPLAINT REPORT AGAINST THE POTENTIAL DEFENDANT AT THIS OFFICE?  YES  NO

HAS THE POTENTIAL DEFENDANT EVER FILED A COMPLAINT REPORT AGAINST YOU?  YES  NO  UNKNOWN

DATE POLICE CONTACTED: \_\_\_\_/\_\_\_\_/\_\_\_\_ POLICE REPORT# \_\_\_\_\_

POLICE AGENCY:  LITTLE ROCK  
 NORTH LITTLE ROCK  
 JACKSONVILLE  
 PULASKI COUNTY  
 SHERWOOD

**Location of Offense:**

**1-2 Sentences Describing Offense:**

**COMPLAINT REPORT MUST BE PRESENTED IN PERSON AT 224 S. SPRING ST., LITTLE ROCK, AR 72201**