

OFFICE OF THE SCOTT COUNTY ATTORNEY

400 West Fourth Street
Davenport, IA 52801
(563) 326-8600

CRIMINAL COMPLAINT AND REFERRAL

To file a complaint with the County Attorney's Office, you must fill out this form **COMPLETELY** and return it to the receptionist between the hours of 8:30 am and 11:30 am, Monday through Friday. At that time, you will be able to discuss your case with an attorney who will advise you about the case and your rights.

INFORMATION ABOUT YOU				PERSON COMPLAINING ABOUT					
Name				Name					
Address				Address					
Home Phone				SSN			DOB		
Work Phone				Ht		Wt		Hair	
SSN				Eye Color			Race		
DOB				Place of Employment					
If this is a business complaint, the name and address of the business should be used above, and your name and title below.				You must provide sufficient information for our office to adequately identify the person about whom you are complaining. Get as much of the above information as you can before turning in this form. Use back of form if necessary.					
Name									
Title									
Have you ever filed a complaint against this person before? <input type="checkbox"/> Yes <input type="checkbox"/> No									
What type and when?									
Has this person ever filed a complaint against you? <input type="checkbox"/> Yes <input type="checkbox"/> No									
What type and when?									
Have you filed a report with the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, when filed					
Report No		Department		Officer, if known					
Date and Time of Incident									
Location of Incident									
Brief Summary of FACTS: (THIS MUST BE COMPLETE. Use back of form if necessary).									
Witness Name:				Witness Address:					
Your Signature				Date					
Complaint #		ACA		Disposition					