

COLUMBUS CITY ATTORNEY RICHARD C. PFEIFFER JR.

www.columbuscityattorney.org

COMPLAINT FORM

DATE \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

YOUR INFORMATION:

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Social Security Number	_____ Date of Birth	_____ Race	_____ Sex
_____ Street Name	_____ Zip Code	_____ City	_____ State
_____ Employer	_____ Work Phone No.	_____ Home Phone No.	_____ Cell Phone No.

INFORMATION FOR PERSON AGAINST WHOM YOU ARE FILING A COMPLAINT:

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Social Security Number	_____ Date of Birth	_____ Race	_____ Sex
_____ Street Name	_____ Zip Code	_____ City	_____ State
_____ Height	_____ Weight	_____ Eyes	_____ Hair
		_____ Marks/Tattoos	
_____ Employer	_____ Work Phone No.	_____ Home Phone No.	_____ Cell Phone No.

DO YOU HAVE CHILDREN WITH THE PERSON YOU ARE FILING AGAINST?  YES  NO

If YES, enter the information below:

_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth

WHAT IS YOUR RELATIONSHIP WITH THE PERSON WHOM YOU ARE FILING AGAINST?

- Parent/Child
- Spouse/Ex-Spouse
- Relative
- Boyfriend/Girlfriend or Ex-Boyfriend/Ex-Girlfriend (If so, answer below)
- Have you lived with him/her within the past 5 years?  YES  NO
- Other \_\_\_\_\_

WHEN AND WHERE DID THE INCIDENT OCCUR?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

