

NEBRASKA DEPARTMENT OF JUSTICE OFFICE OF THE ATTORNEY GENERAL CONSTITUENT COMPLAINT FORM

Please Print or Type.

Complaint Reported By

Date Mailed: _____

Name: _____
Last First M

Date of Birth: ____ / ____ / ____

Address: _____

Hours Available: _____

City: _____ State: _____ ZIP: _____ County: _____

If At Work, When: _____

Place of Employment: _____

Phone (best available): _____

Address: _____

E-mail: _____

City: _____ State: _____ ZIP: _____ County: _____

Complaint Reported Against

Name: _____
Last First M

Place of Employment: _____

Address: _____
(If Known)

Position: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

ZIP: _____ County: _____

County: _____ ZIP: _____

Witnesses

Name: _____
Last First M

Name: _____
Last First M

Address: _____
(If Known)

Address: _____
(If Known)

City: _____ State: _____

City: _____ State: _____

County: _____ Phone: Hm: _____
 Wk: _____

County: _____ Phone: Hm: _____
 Wk: _____

Name: _____
Last First M

Name: _____
Last First M

Address: _____
(If Known)

Address: _____
(If Known)

City: _____ State: _____

City: _____ State: _____

County: _____ Phone: Hm: _____
 Wk: _____

County: _____ Phone: Hm: _____
 Wk: _____

Have you filed reports with any other agency regarding this matter? IF YES: _____

Agency/Date(s)

Has any action been taken against you regarding this matter,
 Please circle: **Arrest** **Conviction** **Citation**

Has any action been taken against the subject in this matter,
 Please circle: **Arrest** **Conviction** **Citation**

