



Missoula County Sheriff's Office Report of Complaint

Name: _____

Address: _____

Phone or Contact Numbers: _____

Date of Birth: _____

Date and Time of the Incident: _____

Location of the Incident: _____

Witnesses: _____

Identity of Officer(s), Description, Vehicle: _____

Statement of Allegations (please print legibly)

(If you need more space, please use back of this page)

I understand that this complaint will be the basis for an investigation. I sincerely and truly declare that all the facts contained in this document are true and correct to my knowledge. I further understand that false reports may subject me to criminal prosecution under 45-7-205 Montana Code Annotated or Civil penalties.

Signature

Date

Sheriff's Department Supervisory signature and Badge

Date

Related CFS # _____