TOWN OF FAIRFIELD

Citizen Complaint Form

All information must be fully filled out before this Citizen Complaint will be accepted by the Town or provided to the Enforcement Officer for investigation.

Date:_____ Received by: ____ Fax ____ Email ____ In Person

Complainant Contact Information:

Complainant's Name: _____

Complainant's Address (physical and mailing):

_____

_____

_____

City: _____ State:_____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Type of Allegation:

_____

_____

Location of Occurrence: _____ Time: _____am: __ pm: __

Witnesses:

Name:_____ Address: _____ Phone:_____

Name:_____ Address: _____ Phone:_____

Name:_____ Address: _____ Phone:_____

Description of Allegation/Statement of Complaint:

_____

_____

_____

_____

_____

_____

_____

(If more space is needed, use back of form, or attach additional sheet(s) of paper.)

Complainant Affirmation:

I, _____, do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that making false, misleading, or untrue statements or writing to any person(s) investigating this complaint, may subject me to civil prosecution by the accused or criminal prosecution by the Town, County, and/or State.

I realize that it may become necessary, during the investigation of this complaint, for me to meet with officers of the Teton County Sheriff's Department to discuss the complaint. I further realize that I must be willing and able to attend court and provide sworn testimony to the facts that are put in this complaint.

Complainant Signature: _____ Date: _____

THIS COMPLAINT FORM IS A PUBLIC RECORD

Received by: _____ Date: _____

Provided to Enforcement Official on this date: _____ by _____.

Provided to Attorney on this date: _____ by _____.

Provided to Law Enforcement on this date: _____ by _____.