



## CITY OF CLEVELAND PROSECUTOR'S OFFICE

### COMPLAINT INFORMATION SHEET

In order to have an appointment scheduled, please fill in the required information and return to the following email – [citizenintake@clevelandohio.gov](mailto:citizenintake@clevelandohio.gov)

CTN# \_\_\_\_\_  
(Office Use Only)

DATE: \_\_\_\_\_

### **YOUR INFORMATION**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*LAST NAME FIRST NAME MIDDLE INITIAL*

ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WHERE DID THIS INCIDENT OCCUR? \_\_\_\_\_

DID YOU FILE A POLICE REPORT? YES/NO? \_\_\_\_\_ POLICE REPORT NUMBER: \_\_\_\_\_

DO YOU KNOW THE PARTY YOU'RE FILING AGAINST? – YES/NO?  
IF SO, HOW? \_\_\_\_\_

WAS ANYONE ARRESTED – YES/NO? \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

DID YOU SEEK MEDICAL ATTENTION: YES/NO? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

### **INFORMATION ABOUT THE PERSON YOU ARE FILING THIS COMPLAINT AGAINST**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*LAST NAME FIRST NAME MIDDLE INITIAL*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_