**TOWN OF PATAGONIA CITIZENS COMPLAINT FORM**

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| COMPLAINANT INFORMATION |  |  |  |
| Name: | DOB: | Phone #: |  |
| Home Address: | City: | State: | Zip: |
| Business Address: | City: | State: | Zip: |
| WHERE COMPLAINT ISSUE IS LOCATED AND EXPLANATION OF CIRCUMSTANCES: | Date: | Time: |  |
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| COMPLAINANT ADVISEMENT OF FALSE REPORTING  I am willing to submit a written complaint, and understand and certify that the facts I am presenting are true and correct, and fully understand that allegations that are proven to be **FALSE** could be prosecuted under Arizona Revised Statute 13-2907.01.A, False Reporting to Law Enforcement.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dated:\_\_\_\_\_\_  Dated: \_\_\_\_\_ | 20\_\_\_  20\_\_\_ | Time: \_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_ |