

*If more space needed, please attach a separate sheet

Parties will be notified of the results and disposition of the investigation. Please state if you are or are not willing to testify at any hearings connected with the investigation: Yes No

Witness Information

Name of Witness #1 _____ Witness #1 Address _____
City _____ State ____ Zip Code _____ Business Address _____
City _____ State ____ Zip Code _____ Email Address _____
Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Name of Witness #2 _____ Witness #2 Address _____
City _____ State ____ Zip Code _____ Business Address _____
City _____ State ____ Zip Code _____ Email Address _____
Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Name of Witness #3 _____ Witness #3 Address _____
City _____ State ____ Zip Code _____ Business Address _____
City _____ State ____ Zip Code _____ Email Address _____
Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Complainant Signature

_____ Date _____

Print Complainant Name

_____ Date _____

*If complainant is under eighteen years of age, signature of parent or guardian is required:

Parent/Guardian Signature

_____ Date _____

Print Parent/Guardian Name

_____ Date _____