

OFFICE OF THE DISTRICT ATTORNEY OF SUSQUEHANNA COUNTY
PRIVATE COMPLAINT QUESTIONNAIRE

This questionnaire must be completed by the Complaining Party before the District Attorney will consider approval or disapproval of the proceeding with the matter. This questionnaire should accompany the original complaint form when it is submitted to the District Attorney's Office and must be signed.

Complainant Name(s): _____
Home Address: _____
Telephone Numbers: Home _____ Work: _____ Cell: _____

Defendant Name(s): _____
Age(s):(Give approximate if unknown) _____
Home Address: _____
Telephone Numbers: Home _____ Work: _____ Cell: _____

Information Regarding Incident Giving Rise To This Complaint

Date and Time of Incident: _____
Location of Incident: _____
Was any Law Enforcement Agency Contacted/Involved/Present?: _____
Name of Agency?: _____
Name of Officer: (if known) _____
What Action Was Taken By Law Enforcement?: _____

Are there any know Witnesses?: _____
Witness Name(s): _____
Home Address: _____
Telephone Numbers: Home _____ Work: _____ Cell: _____
Summary of Incident: _____

Were you injured as a result of this incident?: _____
Please provide details of injuries and treatment received: _____

If this complaint alleges theft of property, provide detail of the property allegedly stolen and provide an estimate of the value of the items: _____

If you have consulted a private attorney relating to this matter, please provide the attorney's name and contact information: _____

Has any settlement of this matter been attempted, either by you or someone on your behalf? If so, please describe the details of same: _____

Are you willing to consider a settlement as an alternative to criminal proceedings?: _____
Is the defendant(s) named in this complaint related to you by blood or marriage?: _____

I verify that the facts and circumstances stated in this complaint are true and correct to the best of my knowledge, information and belief. I make these statements subject to the penalties of Section 4904 of the Pennsylvania Crimes Code, Unsworn Falsification to Authorities.

Signature

Dated