

COMPLAINANT INTERVIEW SHEET – PLEASE PRINT

DATE: _____

COMPLAINT NO. _____

COMPLAINANT(S): [Person(s) Making Complaint]

NAME(S) & DATE(S) OF BIRTH: _____

ADDRESS: _____

PHONE:HOME(____) BUSINESS(____) CELL(____)

E-MAIL ADDRESS: _____

NATURE OF COMPLAINT:(State in a few words, for example:Assault, Harassment, Identity Theft,etc.)

When (Date and time):_____

Where:_____



DEFENDANT(S): [Person(s) Complaint is Against]

NAME AND DATE OF BIRTH:_____

ADDRESS:_____

PHONE:HOME(____) BUSINESS(____) CELL(____)

NAME AND DATE OF BIRTH:_____

ADDRESS:_____

PHONE:HOME(____) BUSINESS(____) CELL(____)



WERE YOU RECOMMENDED TO APPEAR AT THE DISTRICT ATTORNEY'S OFFICE BY A
POLICEMAN? (Yes or No) Name:_____Precinct:_____

OR BY AN ATTORNEY? (Yes or No) Name, address and phone number of attorney:

WAS ANY COMPLAINT MADE AGAINST YOU IN THIS MATTER WHICH REQUIRES YOU TO
APPEAR IN COURT? (Yes or No) Court:_____Appearance Date:_____

WITNESSES:

NAME & DATE OF BIRTH:_____

ADDRESS:_____PHONE:(____)

WHAT WITNESS SAW & HEARD: _____

NAME & DATE OF BIRTH:_____

ADDRESS:_____PHONE:(____)

WHAT WITNESS SAW & HEARD: _____

DEPOSITION

DATE: _____ COMPLAINT NO.: _____

COMPLAINANT: _____

DEFENDANT: _____

DETAILS OF COMPLAINT

**Any false statements herein are punishable
as a Class A Misdemeanor pursuant to Section
210.45 of the Penal Law of the State of New York**

Page No. _____

Signature of Complainant

**Note: Number each page and sign the bottom of each page
Do not write on the back of this page**

Are you related in any way to the defendant? Yes _____ No _____
If the answer is yes, describe the relationship _____

Have you ever been married to the defendant? Yes _____ No _____
If the answer is yes, state the date and the manner in which the marriage was legally terminated _____

Do you have a child or children where you allege that the defendant is a biological parent? Yes _____ No _____
If the answer is yes, was paternity established? Yes _____ No _____
If paternity was not established, describe the reasons why _____

Any false statements herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York

Signature of Complainant

Note: Please do not write under signature line.

When appearing in person please submit complaint form with any related paperwork and photo identification. Please remain seated – you will be personally interviewed by a member of our legal staff.

**District Attorney's Office
Criminal Complaint Unit
Phone: (516) 571-3505**