

BOTTINEAU COUNTY SHERIFF'S OFFICE

Voluntary Statement / Complaint Form

Reporters Information: (Check One)

Subject

Suspect

Victim

Witness

Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____

Cell Phone: _____ Alternate Phone #: _____

Other Name Involved 1: (Check One)

Subject

Suspect

Victim

Witness

Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____

Cell Phone: _____ Alternate Phone #: _____

Other Name Involved 2: (Check One)

Subject

Suspect

Victim

Witness

Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____

Cell Phone: _____ Alternate Phone #: _____

Location of Incident:

Household/Business Name: _____

Physical Address: _____ City: _____ State: _____

Date and Time of Incident:

Date: _____ Time: _____

Please use lined area on back or separate pages to describe the incident in full detail.

AGREEMENT: I am voluntarily making this statement to the Bottineau County Sheriff's Office and I volunteer the following information while doing so out of my own free will for whatever purpose it may serve. I contest and certify that I have written this statement in my own words, and that all facts provided are true and correct to the best of my ability and knowledge. I understand that providing false information in this statement will result in criminal penalties. This statement consists of ___ pages, each page with my signature, and any corrections bear my initials.

Reporter Signed: _____

Dated: _____

Witness Signed: _____

Witness Printed: _____

Sheriff's Deputy Receiving: _____

STATEMENT: *Please describe the incident/complaint, in full detail.*

