



Milton Police Department
 101 Federal Street, Milton, DE 19968
 302-684-8547 ~ 302-684-8046 Fax
www.ci.milton.de.us



CITIZEN COMPLAINT REPORT		1. Complaint Number:
2. Complainant's Name: Last First Mi		3. Date of Report:
4. Home Address		5. Home Phone No.:
6. Business Address:		7. Business Phone No.
8. Social Security No.:	9. Date of Birth:	10. Driver's Lic. No.:
11. Nature of Complaint:		12. Date of Occurrence:
13. Location of Incident:		
<p>14. Read Section 1233, Title 11, of the Delaware Code, <i>Making a False Written Statement</i>; Class A misdemeanor. PRINT your FULL NAME on the proper line below section 1233, and enter your signature, the date, and time on the proper line.</p> <p style="text-align: center;"><i>A person is guilty of making a false written statement when he/she makes a false written statement, which he/she knows to be false, or does not believe to be true in a written instrument bearing a notice, authorized by law, to the effect that false statements are punishable. Making a false statement is a Class A Misdemeanor.</i></p> <p>I, _____ (PRINT FIRST, MIDDLE & LAST NAME), have read the above section of the Delaware Code and do hereby attest that I fully understand its contents.</p> <p>Signature: _____ Date: _____ Time: _____</p>		
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