

**COMPLAINT  
CITY OF CLARK FORK**

P. O. Box 10, Clark Fork, Idaho 83811 (Phone: 208-266-1315)

NAME OF PERSON FILING COMPLAINT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: Home: \_\_\_\_\_ Work: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF WHAT OCCURRED (please give as much detail as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please continue on back if you need additional space.)

Would you be willing to testify: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_