<u>CIVILIAN COMPLAINT FORM</u>

I, _____, (NAME of Complaining Witness) reside at
_____
(address)

_____   _____   _____
(city)   (state)   (zip code)

am over the age of 18 years old, and I can be reached at
_____   or _____
(Phone Numbers)   (email address)

On _____ (DATE OF EVENT) at _____ (AM/PM), I observed at _____
_____
(Name of Dog Park/M-NCPPC Facility), _____
(NAME of Subject, if known) who resides at _____
(address) _____(city) _____ (state) _____ (zip code)
_____ and
is approximately _____ years old, _____ tall and weighs approximately _____
lbs., and is otherwise generally describable as _____
_____
_____
_____.
(Include as much detail about the person's description as possible. Include height, weight, hair
color, clothing, race, gender, etc.)

If you have photos or a **legally recorded/obtained video** of the event, please use this link and
upload it together with this completed form. <<INSERT UPLOAD LINK>> You are responsible for
making certain that the video you are sharing with the Commission is a **legally recorded/obtained
video. Recording another person without their consent can be a criminal offense.**

On the above date, I personally observed the above described individual committing the following
act(s) _____
_____
_____
_____
_____
_____
_____
_____ .
(Describe in detail what you observed. Use additional pages as necessary.)

Identify any other persons that were present at the time of the EVENT and witnessed some or all of what you observed.

1. _____

(address) _____(city) _____ (state) _____(zip code), and he/she can be reached at _____(Phone Number) and _____(email address).

2. _____

(address) _____(city) _____ (state) _____(zip code), and he/she can be reached at _____(Phone Number) and _____(email address).

3. _____

(address) _____(city) _____ (state) _____(zip code), and he/she can be reached at _____(Phone Number) and _____(email address).

4. _____

(address) _____(city) _____ (state) _____(zip code), and he/she can be reached at _____(Phone Number) and _____(email address).

I understand that in typing my name or signing my name below, I am affirming under penalty of perjury that the information I have included in this form is true and accurate to the best of my understanding and belief.

_____
Name

_____
Date

Please mail completed from to: dogparkissuemontgomery@mncppc.org
                                      customerservice@pgparks.com

Additional Page

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Additional Information for Website page (to be created). www.mncppc.org/dogparks