



OFFICE OF
THE DISTRICT ATTORNEY
NASSAU COUNTY

ANNE T. DONNELLY
DISTRICT ATTORNEY

CRIMINAL COMPLAINTS UNIT INTAKE FORM

TODAY'S DATE: _____

[For office use only] _____

1. PLEASE TYPE OR PRINT CLEARLY IN DARK INK AND DO NOT WRITE ON THE BACK OF THE PAGE.
2. YOU MUST COMPLETE THE ENTIRE FORM AND SIGN WHERE INDICATED. UNSIGNED FORMS CANNOT BE ACCEPTED.
3. IF YOU ARE MAKING THIS REPORT IN PERSON, PLEASE HAVE ALL ACCOMPANYING DOCUMENTS AND PHOTO ID.
4. IF YOU ARE SUBMITTIING ELECTRONICALLY, PLEASE EMAIL YOUR COMPLETED FORM AND DOCUMENTS TO INFO@NASSAUDA.ORG

COMPLAINANT: (Person Making Complaint)		SUBJECT #1: (Person/Business you are making Complaint against)	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE	EMAIL	PHONE	EMAIL

PERSON COMPLETING FORM, IF NOT COMPLAINANT:		SUBJECT #2: (Person/Business you are making Complaint against)	
NAME	RELATIONSHIP	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE	EMAIL	PHONE	EMAIL

YOUR RELATIONSHIP TO SUBJECT(S): _____

IF YOU WERE EVER MARRIED TO THE SUBJECT, ARE YOU LEGALLY DIVORCED? YES NO

DO YOU HAVE CHILDREN IN COMMON WITH THE SUBJECT? YES NO

WAS ANY REPORT MADE AGAINST YOU IN THIS MATTER WHICH REQUIRES YOU TO APPEAR IN COURT? YES NO

COURT: _____ APPEARANCE DATE: _____ DOCKET NO.: _____

HAVE YOU MADE A REPORT WITH ANY OTHER AGENCIES?
(example: Police Department, Consumer Affairs, FBI, FTC, Landlord/Tenant Court, Family Court, etc.) YES NO

AGENCY: _____ DATE FILED: _____ OUTCOME: _____

AGENCY: _____ DATE FILED: _____ OUTCOME: _____

WERE YOU RECOMMENDED TO MAKE THIS REPORT BY AN ATTORNEY? YES NO

ATTORNEY NAME: _____

PHONE: _____

DEPOSITION

TODAY'S DATE: _____

[For office use only] _____

COMPLAINANT: _____

SUBJECT: (Person/Business you are making Complaint Against) _____

NATURE OF COMPLAINT: (Ex. Harassment, identity theft, etc.) _____

DATE & TIME OF INCIDENT(S) _____ LOCATION: _____

DETAILS OF COMPLAINT (Please describe your complaint. Include as much detail as possible, including the dates, times, places, etc. Please also include contact information of witnesses AND describe the relief you are seeking):

If you need additional space, please make copies of this page, number and sign each page

ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO §210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

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SIGNATURE OF COMPLAINANT