



**GRANBY POLICE DEPARTMENT**  
 224 N. BEAVER AVE. GRANBY, MO 64844  
 Phone: 417-472-3535 Fax: 417-472-7139  
*Jacob Kelley, Chief of Police*

**COMPLAINT FORM**

**INSTRUCTIONS**

The following form must be filled in completely before any action will be taken on your complaint. You must be specific as to the nature of your complaint.

**Complainant Information**

Full Name (First, Middle, Last)	Date of Birth	Driver's License # or SSN	
Home Address (Street, Apt#)	City	State	ZIP
Business Address	City	State	ZIP
Home Phone #	Cell Phone #		
Work Phone #	Emergency Contact #		

**Suspect/Offender Information**  Unknown

Name	Date of Birth or Age	Driver's License # or SSN	
Address (Street, Apt#)	City	State	ZIP
Telephone #	Place of Employment (Name, City, State)		
Physical Description (Height, Weight, Clothing, Tattoos, etc.)			

Details of Complaint (Date, time, location, etc. If more space is needed, use the back of this sheet or attach a separate sheet):

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ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY OR FILING A FALSE REPORT. UNDER PENALTY OF CRIMINAL LAW, THE UNDERSIGNED ATTESTS THAT THE FACTS CONTAINED HEREIN ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND ACCURATE.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only  
 Case# \_\_\_\_\_  
 Time of Call \_\_\_\_\_