



CRIMINAL COMPLAINT

OFFICE OF THE ARIZONA ATTORNEY GENERAL
 ATTORNEY GENERAL KRIS MAYES

www.azag.gov

If you believe you have been the victim of a crime, you can file a [Criminal](#) complaint online at www.azag.gov/complaints OR mail or deliver the completed form below. This form can be completed on the computer or is available to download and print. Please print legibly if completing by hand. Please include and clearly label any supporting documents with your original complaint submission.

NOTICE: It is unlawful to file a false police report (A.R.S. § [13-2907.01](#)) and doing so is punishable by Arizona law. All complainants must sign a declaration that the facts and statements contained within this report, including any attached statements, are true, correct, and based upon personal knowledge.

Section 1: YOUR INFORMATION

Anonymous:	<input type="checkbox"/>	Check the box if you wish to submit this complaint anonymously.		
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	
In Care Of:				
Address 1:				
Address 2:				
Zip Code, City, State:	<i>Zip</i>	<i>City</i>	<i>State</i>	
Cell Phone:				
Home Phone:				
Email Address:				
Additional Complainant (OPTIONAL):				
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	
Address 1:				
Address 2:				
Zip Code, City, State:	<i>Zip</i>	<i>City</i>	<i>State</i>	
Phone:				
Email Address:				

Section 2: SUSPECT INFORMATION (Who or what business you are complaining against)

Person or Business: Check the appropriate box for your complaint		<input type="checkbox"/>	PERSON	<input type="checkbox"/>	BUSINESS
Name: for complaint against person(s)	<i>First</i>	<i>Middle</i>	<i>Last</i>		
OR					
Business Name: for complaint against a business					
Other Details – Please fill out any details you know about the suspect:					
Address 1:					
Address 2:					
Zip Code, City, State:	<i>Zip</i>	<i>City</i>		<i>State</i>	
Home Phone:					
Email Address:					
Social Security Number:					
Date of Birth:	<i>MM/DD/YYYY</i>				
Additional Suspect or Suspect Business (OPTIONAL):					
Person or Business: Check the appropriate box for your complaint		<input type="checkbox"/>	PERSON	<input type="checkbox"/>	BUSINESS
Name: for complaint against person(s)	<i>First</i>	<i>Middle</i>	<i>Last</i>		
OR					
Business Name: for complaint against a business					
Other Details – Please fill out any details you know about the suspect:					
Address 1:					
Address 2:					
Zip Code, City, State:	<i>Zip</i>	<i>City</i>		<i>State</i>	
Home Phone:					
Email Address:					
Social Security Number:					
Date of Birth:	<i>MM/DD/YYYY</i>				

Section 3: COMPLAINT DETAILS

<p>Crime Type: <i>Circle or Select One or More</i></p>	<p>All other offenses (not listed below) Banking Fraud Computer Crimes Counterfeiting/Forgery Crimes Against Children Drug/Narcotics Fraudulent Schemes Gambling HealthCare Fraud Human Trafficking Money Laundering Multi-Jurisdictional Offense(s) Organized Crime Public Corruption Real Estate Fraud Securities/Investment Fraud Telemarketing Fraud Theft/Embezzlement Theft by Extortion/Blackmail Tobacco Violations Voter Fraud Vulnerable Adult - Financial Exploitation Vulnerable Adult - Physical, Sexual, Emotional, Psychological Abuse</p>
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<p>Approximate Date of Offense:</p>	<p><i>MM/DD/YYYY</i></p>
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Please explain the entire circumstances surrounding your complaint here. Fully describe any oral or written misrepresentations made to you.

County of alleged offense: <i>Circle or Select One or More</i>	Apache Cochise Coconino Gila Graham Greenlee LaPaz Maricopa Mohave Navajo Pima Pinal Santa Cruz Yavapai Yuma Out of Arizona		
Dollar loss:			
Has offense been reported to any other law enforcement agency?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Do you have an attorney?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
WITNESS(ES) (OPTIONAL):			
If you would like to add a witness, please provide their information here.			
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address 1:			
Address 2:			
Zip Code, City, State:	<i>Zip</i>	<i>City</i>	<i>State</i>
Phone:			
Email Address:			
Second Witness:			
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address 1:			
Address 2:			
Zip Code, City, State:	<i>Zip</i>	<i>City</i>	<i>State</i>
Phone:			
Email Address:			

Section 4: VERIFICATION AND DECLARATION

Please take a few moments to review, correct any errors, and verify all information you've entered before submitting your criminal complaint. Please clearly label and include any supporting documents at the time of filing your complaint form if delivering in person or by mail. To submit additional documents after you have filed your complaint with our office, please use the contact information provided below.

DECLARATION:

I declare that the facts and statements contained in this report, including any attached statements, are true, correct, and based upon my personal knowledge. I understand that it is unlawful to file a false police report (A.R.S. § [13-2907.01](#)) and doing so is punishable by up to six months in jail and up to a \$2,500 fine. By choosing to submit this form electronically, I certify and agree that by entering my name in the space below, I bind and legally obligate myself to the same extent as I would by signing my name on a printed paper version of this form.

Signature:	<p style="text-align: center;"><i>Can type name here or print and sign form.</i></p>
Date:	<p style="text-align: center;"><i>MM/DD/YYYY</i></p>

SUBMIT & CONTACT

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To submit additional documents after you have filed your complaint with our office, please use the contact information below. There is no need for you to complete a new complaint form. Make sure to add the complaint number to your correspondence so we can properly associate the information with the complaint.

(602) 542-8888 (Phoenix)
(520) 628-6504 (Tucson)

Mail or deliver a completed form to either Phoenix or Tucson location:

Office of the Attorney General, Special Investigations Section
2005 N Central Ave
Phoenix, AZ 85004

Office of the Attorney General, Special Investigations Section
400 W. Congress
South Building, Suite 315
Tucson, AZ 85701