

## Online Victims' Rights Complaint- Mail In

**Please complete the form as completely as possible. For questions regarding the form or victims' rights, contact the Office of Victim Services or the Victims' Rights Enforcement Officer at 602.542.4911.**

Date received: _____	Case Number: _____
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Name: _____ Address: _____ Street _____ City _____ Zip Code _____ Phone: _____ Home _____ Cell _____ Work _____ Email _____	Agency(s) of Complaint: _____ _____ _____ Staff Involved: _____ _____ _____ Phone Numbers: _____ _____ _____
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<b>Complaint Information</b>	
County: _____	City: _____
Have you addressed this matter with the agency or staff involved? Yes or No (check boxes)	
Is there an ongoing criminal case or investigation? Yes or No (check boxes) If so, what are the case numbers, if known?	
Police Report Number(s): _____	
Court Report Number(s): _____	
What is the defendant's name? _____	
What is the date of the crime(s)? _____	

How would you like the Office of Victim Services to help you? _____ _____ _____ _____
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How did you learn about the Office of Victim Services? _____ _____ _____
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