Office of Arizona Attorney General Kris Mayes

Victims' Rights Complaint Form

If you are a victim as defined by A.R.S. §13-4401(19) and you believe your rights have been violated during the criminal or judicial process, the first step is to contact the agency in question and request the relief you believe is appropriate. If you are unsuccessful in resolving the issue, you may file a complaint with the Arizona Attorney General's Office of Victim Services.
Para asistencia en español, por favor llame al 602-542-4911.

Complete the form below and mail or fax, along with any additional information, to:

Office of Victim Services- CAP Building
2005 N Central Avenue
Phoenix, AZ 85004
Fax: 602-542-8453

The information contained in this complaint form and provided to the State Victims' Rights Administrator for Compliance is not privileged or confidential and may be shared with the government or legal agency that is the subject of the complaint or other relevant parties.

Who can file a Victims' Rights Complaint?
To file a Victims' Rights Complaint, you must be the victim in the identified case, the lawful representative, or legal counsel for the victim or the lawful representative.

What victims' rights apply to a Victims' Rights Complaint?
You can refer to **A.R.S. Title 13, Chapter 40** or **A.R.S. Title 8, Chapter 3, Article 7** for a list of relevant victims' rights.

Please review the document outlining the complaint process before mailing your complaint.

Please note: Filing a complaint does not guarantee a full investigation. Please allow up to two weeks to receive a response.

Thank you for taking the time to complete this form.

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Please fill out this form as completely as possible. You may attach additional sheets of paper, if needed.

Complete this section with your information as the Complainant (required):

1. Name (First, Middle, Last)	
2. Date of Birth (mm/dd/yyyy)	
3. Address	
City, State, Zip	
4. Phone	
5. Email Address	

Complete this section with the victim's information, if different from the Complainant:

6. Name (First, Middle, Last)	
7. Date of Birth (mm/dd/yyyy)	

Complete this section with information about the government or legal agency you are complaining about (required):

8. Agency or Agencies		
9. City and/or County of Agency		
10. Have you addressed this matter with the agency or staff involved?	**Yes** ◯	**No** ◯
11. Is there an ongoing investigation or criminal case?	**Yes** ◯	**No** ◯
12. Police Report #		
13. Court Case #		
14. Defendant's name as identified in the criminal case		
15. Date of the crime(s)		

16. How would you like the Office of Victim Services to help you? (required)	
17. How did you learn about the Office of Victim Services? (required)	
18. Please list the specific victims' rights you feel were violated. (required)	
19. Please Provide a summary or any additional information you have regarding the complaint. (required)	
20. I have read the document linked on the instructions page outlining the complaint process. (required)	**Yes** ☐