

Office of the
WYANDOTTE COUNTY
DISTRICT ATTORNEY



DISTRICT ATTORNEY
Mark A. Dupree, Sr.

29TH JUDICIAL DISTRICT OF KANSAS

Community Integrity Unit Complaint Form

Hotline Number 913-573-8100

Case No. (DA Use Only)

Complainant Information

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____

Gender: _____ Ethnicity: _____ Occupation: _____

Complaint Details

Date/Time of Incident: _____

Location: _____

Person(s) & Agency Complaint is Against: _____

Description of Incident: _____

Witnesses: _____

Office of the Wyandotte County District Attorney
Address: 710 N. 7th Street, Suite 10, Kansas City, Kansas 66101-3051
Telephone: (913)573-2851 * Fax: (913) 573-2948

Please answer the following questions:

Were you personally involved in what occurred? Yes No

If no, who are you reporting this incident for? _____

Did any law enforcement agencies respond to this incident? Yes No

If yes, please provide any known report numbers and details: _____

Were there any injuries or property damage resulting from this incident? Yes No

If yes, please explain: _____

If a crime has occurred against you, do you wish to pursue charges? Yes No

If the complainant has any further documentation that should accompany this form, please detail those documents and amount of pages: _____

Disclaimer

This is a formal complaint form. A signature by the complainant is required. Your signature signifies that the information provided is truthful and accurate to the best of your knowledge. Further action may be required by the complainant.

Complainant (printed)

Complainant (signature)

Date