

City of Cunningham
Municipal Court Complaint Form

Instructions: Please print clearly and complete this form fully and accurately so that the City Attorney can evaluate whether or not charges should be filed in the Municipal Court of Cunningham.

Your Name: _____

Your Address: _____

Your Phone Number: _____ Your email: _____

Name of Defendant: _____

Full Address of Defendant: _____

Specific Date and Location of Incident Complained of: _____

Specifically Describe Incident Complained of: _____

Name and Address of Any Witnesses: _____

Ordinance Number Violated: _____

The City Attorney will evaluate your report and determine if charges should be filed in this incident. By signing this form, you are agreeing to testify at trial and sign under oath a criminal complaint prepared by the City Attorney that the incident described herein is true and accurate. If you are unwilling to sign the complaint and testify, charges will not be filed in this matter.

Complaining Witness Signature

Date