

THE OFFICE OF THE STATE'S ATTORNEY COMMENTS FORM

Today's date: _____

CONTACT INFORMATION:

Name: _____

Residential address: _____

Mailing address: _____

Contact number: _____ Email: _____

COMMENTS DETAILS:

Case Number (if applicable): _____

Date of occurrence: _____ Location of occurrence: _____

Who/What is the subject of your comment: _____

Summary:

As a result of making this complaint, is there any outcome you would like? Yes No

If yes, please provide details:
