



Missouri Department of Public Safety
Office of the Director
Crime Victim Services Unit
VICTIM COMPLAINT FORM

INSTRUCTIONS: Please fill out this entire form and sign your name at the bottom of this page. Attach any additional copies or relevant documents regarding your complaint. Return this form to the Crime Victim Services Unit by e-mail, fax or mail. Please notify the CVSU if you change your address or phone number.

CVSU E-mail: cvsu@dps.mo.gov	CVSU Fax: 573-751-5399
Mail To: Department of Public Safety, Crime Victim Services Unit, 301 W. High Street, Harry S. Truman Bldg., Rm. 870, P.O. Box 749, Jefferson City, MO 65102	
VICTIM INFORMATION	
Victim's Name (Last, First):	
Address:	
Phone Number:	Other contact information:
PERSON MAKING COMPLAINT (complete only if different than above)	
Complainant's Name (Last First):	
Address:	
Phone Number:	Other contact information:
INFORMATION ABOUT THE CRIME	
Offender's Name:	
Police/Sheriff's Dept. crime reported to:	
Date crime occurred:	
INFORMATION ABOUT YOUR COMPLAINT	
What agency or organization do you have a complaint against?	
Did you receive information about victim rights at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later time? <input type="checkbox"/> Don't recall	
Have you spoke to an advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Is so, who?	

STATEMENT OF COMPLAINT (Please provide as much detailed information about the crime and your complaint as possible and use additional paper if necessary.)

I certify that the information set forth herein is true and correct.

Signature of Complainant

Date

WARNING AND CONSENT TO INVESTIGATE

The CVSU has requested the data on this form in order to conduct an inquiry of your complaint.

You are not legally required to provide the CVSU the information the complaint form. However, the CVSU cannot conduct an inquiry of your complaint unless the complaint form is completed, signed and submitted.

In order to conduct the inquiry, the CVSU will contact the agency and/or individual you are complaining about. In addition, in order to inquire into your complaint, the CVSU may need to contact other agencies and individuals who have information about the underlying criminal matter or about your complaint. In those contacts with agencies and/or individuals, the following information will be revealed: (1) your name, (2) the fact that you have filed a complaint with the CVSU and (3) the nature of your complaint.

By signing this form, you are giving your consent to the CVSU to disclose this information to the agencies of individuals you are complaining about or who have information relevant to your complaint. Information regarding your complaint will be disclosed only to the extent necessary to conduct this inquiry.

CONSENT TO INQUIRE

I understand that upon receipt of this form, the Crime Victim Services Unit will conduct an inquiry into matters relevant to this complaint, and I hereby consent to such investigation. This authorization is valid until the CVSU investigation is completed or three years from this date, whichever is sooner.

I certify that I have read and understand all the statement above.

Signature of Complainant

Date