

**COMPLAINT REQUEST FORM  
CITY OF MANSFIELD  
LAW DIRECTOR'S OFFICE – CRIMINAL DIVISION**

Charges Requested By: [Name, Address, Phone, Email of Victim (or Guardian of Minor Victim)]

Suspect Information: [Name, Address, Date of Birth]

Date and Time of Offense:

Location of Offense:

Nature of Offense/Charge Requested:

Responding Law Enforcement Agency/Officer:

Attachments (check all that apply):

- Police Report\*
- Statement of Victim\*
- Witness Statement(s) – Including Name, Address, Phone Number
- Medical Records
- Photographs
- Copy of Protection Order
- Other : \_\_\_\_\_

\*Failure to provide will result automatically in a denial of charges

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(For Law Director's Use Only)

- Approved – Charge(s) Requested:
- Denied
  - Missing element
  - Insufficient evidence
  - Unable to meet burden of proof beyond reasonable doubt
  - Other pending charge
  - Unable to serve defendant
  - Civil Issue
  - Other: \_\_\_\_\_

Comments:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_