



City of Whitewater

201 South Elm Street, PO Box 149
Whitewater, KS 67154
316-799-2445

Case Number: _____

VOLUNTARY COMPLAINT FORM

Name: _____ Date of Birth ___/___/___ Age: _____
Home Address: _____ City: _____ State: _____
Zip: _____ Email: _____ Phone #: _____ Home/Cell
(circle one)
_____ (fill out if information is known) _____

Offensive Party: _____
Address: _____
Phone #: _____

STATEMENT: Please print and if you need to make a correction, place a single line through the error. If you need additional statement forms, please place your name in the name field only on the additional page(s).

DATE OF INCIDENT: _____

By signing this document I certify that this statement is true and correct.

Witness Signature Date of Statement