



REQUEST FOR INVESTIGATION

MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY

Mike Mancuso
DISTRICT ATTORNEY
Tel: 570-517-3052
Fax 570-517-3825

Complainant Information

Incident Location *(address or description of place where incident occurred)*

Your Name (First, MI, Last)

Your Telephone Number

Your Email Address

Your Mailing Address *(number, street, city, state, zip)*

Municipality *(Township/Borough)*

Suspect Information (If name is not known, please provide a description)

Name of person(s) and/or business complaint is against

Suspect Telephone Number

Suspect Address *(number, street, city, state, zip)*

Suspect Email Address

Complaint Summary Include dollar value of loss if a theft or a fraud complaint and attach copies of any supporting documents you may have.

To what other agencies have you complained? _____
(Name of agency and person you spoke with.)

What action was taken? _____

Have you retained an Attorney? Yes No If yes, please provide your attorney's name address and phone:

Signature Block

I certify that the information which I have furnished to the District Attorney in this matter is true and correct to the best of my knowledge and belief. If necessary I will sign a sworn statement regarding this information.

Your Signature

Office Use Only

Date Received	RFI or Incident Number	Investigator	Disposition <input type="checkbox"/> Investigation <input type="checkbox"/> Referral <input type="checkbox"/> Unfounded/closed
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