



# REQUEST FOR INVESTIGATION

MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY

Email: [info@monroecountyda.com](mailto:info@monroecountyda.com) [www.monroecountyda.com](http://www.monroecountyda.com)

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 where incident occurred

## Victim Information Same as Complainant

Name (First, MI, Last)	Telephone Number	Email Address
Mailing Address (number, street, city, state, zip)		Complainant's relationship to victim

## Suspect Information (if name is not known, provide a description)

Name (First, MI, Last)	Telephone Number	Email Address
Mailing Address (number, street, city, state, zip)		Victim's relationship to Suspect

Business Name of Victim <input type="checkbox"/> Not applicable	Business Name of Suspect <input type="checkbox"/> Not applicable
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## Complaint Summary include dollar value of loss if a theft or fraud complaint and attach copies of any supporting documents you may have.

## Other agencies you filed a complaint with

Name	Organization	Action Taken

## Signature Block

I certify that the information which I have provided 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 matter.

_____	Date	RFI or Incident #	Disposition <input type="checkbox"/> Investigation <input type="checkbox"/> Referral <input type="checkbox"/> Unfounded/Closed
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Complainant Signature

05-203RFI (request for investigation)