**Phillips County Sheriff’s Office**

Complaint – Stolen/Damaged Form

Phone: (406) 654-2350

Fax: (406) 654-1213

**MCA 45-7-205 False reports to law enforcement authorities.** (1) A person commits an offence under this section if the person knowingly: (a) gives false information to any law enforcement officer with the purpose to implicate another; (b) reports to law enforcement authorities an offense or other incident within their concern knowing that it did not occur; or (c) pretends to furnish law enforcement authorities with information relating to an offense or incident when the person knows that the person has no information relating to the offense or incident. (2) A person convicted under this section shall be fined not to exceed $500 or be imprisoned in the county jail for any term not to exceed 6 months or both.

Complainant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

Primary Complaint (check all that apply)

Noise \_\_ Parking \_\_ Disorderly Conduct \_\_ Traffic \_\_ Stalking \_\_

Theft \_\_ Trespassing \_\_ Neighbor issues \_\_ Harassing phone calls \_\_

Civil Complaint \_\_ Other \_\_ Stolen \_\_ Damaged \_\_ (see back)

Please include description of vehicles, license plate information, animals, or names of persons involved and any pertinent information about the complaint. Continue on back if necessary.

Complaint:

(Continue on back as needed)

By signing this form (electronically), I acknowledge that all the above information is true. I further acknowledge that I understand that if any false statements are on this complaint form, I may be in violation of MCA 45-7-205, and may face prosecution.

Signature of Complainant:

Date: Time:

Investigating Deputy’s remarks:

Deputy Signature Date Case #

Reviewed by Date

Complaint Continued:

**Stolen Items: Serial #: Value:**

**Damages:** If you had property/items damaged, please list them here as well as the amount to repair/fix or replace the items.