

FOR OFFICE USE ONLY

DATE RECEIVED: _____

CASE NUMBER: _____

COMPLAINT
VICTIM'S RIGHTS PROGRAM

Return signed form, including additional pages or documents, to:

Attn: Chief Administrative ADA
District Attorney's Office
Justice Center
701 N. Columbia Street
Covington, LA 70433

This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action for failure to provide services required by law and the policy of the District Attorneys Office.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the District Attorney Office employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the District Attorney's Office in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

Victim
Legal Guardian

Attorney representing victim
Other representative (describe) _____

Name, phone number and relationship to victim of person completing this form (if not the victim).

Is the victim represented by an attorney in this complaint? Yes No

If yes, please provide the attorney's name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney.

1. PERSONAL INFORMATION ABOUT THE VICTIM

First Name:	Middle Name:	Last Name:	
Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Other ___			
Street Address:			
City:	State:	Country:	Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:	
Email Address:			

2. INFORMATION ABOUT THE CRIMINAL CASE

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event: <input type="checkbox"/> Investigation <input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment <input type="checkbox"/> Preliminary Hearing <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Parole Hearing <input type="checkbox"/> Other _____
Defendant(s) Name(s):
Case Number: District Court: Judge:

3. INFORMATION ABOUT THE VICTIM'S COMPLAINT

What is the location and name of the office(s) for the District Attorney's Office that is/are the subject of your complaint?

Is your complaint against a specific person in that office? Yes No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the services or right(s) about which you are complaining.

5. PRIOR NOTIFICATION TO DISTRICT ATTORNEY'S OFFICE

Although you are not required to do so, did you notify the District Attorney Office employee, or any employee of the office described above, of the alleged violation before filing this complaint? Yes No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attached additional pages or documents to this complaint.

6. OTHER RELEVANT INFORMATION

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

The information set forth herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____
(Must be signed by Victim)

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

Under 18 years of age Incapacitated Incompetent Deceased

Signature: _____ Date: _____