| FOR OFFICE USE ONLY |
|----------------------------|
| DATE RECEIVED:CASE NUMBER: |

<u>COMPLAINT</u> 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 c | Please check the box that applies to the person filing this complaint. | | | | | | | |
|----------|---|--|--|--|--|--|--|--|
| | Victim Attorney representing victim Legal Guardian 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. | | | | | | | |
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1. PERSONAL INFORMATION ABOUT THE VICTIM

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|--------------------|--|---------------------------|----------------------|-------------------------------|-------------------------------|--|--|
| First Name: | | Middle Name: | | Last Name: | | | |
| Title | itle: Mr Mrs Ms Other | | | | | | |
| Stree | t Address: | | | | | | |
| City: | | State: | Country: | | Zip Code: | | |
| Home Telephone No: | | Work Telephone No: | Cell Phone No: | | | | |
| Emai | Il Address: | | | | | | |
| 2. | INFOR MATION ABOUT THE The following section requests in Please provide as much information. | mportant information abo | ut the criminal inve | estigation or case in | which you are a victim. | | |
| Stage | e of the Criminal Justice Process - S | select most recent event: | | | - | | |
| | vestigation Arrest Arraignn | nent Preliminary Hea | ring Guilty Ple | ea Trial Sent | encing Parole Hearing | | |
| Defe | ndant(s) Name(s): | | | | | | |
| Case | Number: | District Court: | | Judge: | | | |
| 3. | INFORMATION ABOUT THE What is the location and name of | | | nat is/are the subject o | of your complaint? | | |
| _ | Is your complaint against a spec If yes, please identify the person(you are complaining. | · | Yes [| □No ed to provide the serv | vices or right(s) about which | | |

| Ŀ | The rights protected by the Louisiana Crime Victim Bill of Rights. LSA R.S. 46:1844. |
|------------------------------------|---|
| | The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused. |
| | The right not to be excluded from any such public court proceeding, unless the court, after receiving convincing evidence, determines that testimony by the victim would be materially altered if the victim other testimony at that proceeding. |
| | The right to be reasonably heard at any public proceeding in the district court involving release, pl sentencing, or any parole proceeding. |
| | The reasonable right to confer with the attorney for the Government in the case. |
| | The right to apply for full and timely restitution as provided by law. |
| | The right to proceedings free from unreasonable delay. |
| | The right to be treated with fairness and with respect for the victim's dignity and privacy. |
| Please provide alleged violatio | as much detailed information about your complaint against the employee(s) as possible, including the data n(s), and an explanation of how the violation(s) occurred. However, you should not discuss the facts of the case in which you are a victim. You may attach additional pages or documents to this complaint. |
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| 5. <u>P</u> | RIOR NOTIFICATION TO DISTRICT ATTORNE | Y'S OFFICE | |
|-------------|--|---|---|
| A d | Ithough you are not required to do so, did you notify the escribed above, of the alleged violation before filing this | he District Attorney Office emplo complaint? Yes No | |
| tl m | yes, please describe your efforts to resolve this matter the office described above; the name, address and teleph natter; and the actions taken by the Department of Justic dditional pages or documents to this complaint. | one number of the person with w | shorn you attempted to resolve this |
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| 6. <u>C</u> | THER RELEVANT INFORMATION | | |
| P | rovide any other relevant information or event(s). Yet | ou may attach additional pages o | or documents to this complaint. |
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| The info | rmation set forth herein is true and correct | et to the best of my know | rledge. |
| Signature: | | Date: | |
| | (Must be signed by Victim) | | |
| of the crim | e victim is under 18 years of age, incompetent, incap e victim or the representative of the crime victim's es ck all that apply to the victim: | acitated, or deceased, this form state, family member, or any oth | must be signed by the Legal Guardian ter person appointed by the court. |
| | Under 18 years of age Incapacitated | Incompetent | Deceased |
| Signature: | | Date: | |