



Phillips County Sheriff's Office

Complaint - Stolen/Damaged Form

Phone: (406) 654-2350

Fax: (406) 654-1213



MCA 45-7-205 Knowingly filing a false report to law enforcement for the purpose of implicating another, knowing that the incident did not occur, or pretending to furnish law enforcement authorities with information relating to an offense or incident that I have no knowledge of is a violation of this statute and is punishable by a fine not to exceed \$500 or be imprisoned in the county jail for a term not to exceed 6 months or both.

Complainant Name _____ DOB _____
 Phone _____ Address _____

Primary Complaint

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 I acknowledge that all the above information is true. I further ancknowledge that I understand that if any false statements are on this complaint form I'm subject to violation of MCA 45-7-205.

Signature of Complainant _____
 Date _____ Time _____

Investigating Deputy's Remarks _____

Deputy Signature _____ Date _____ Case # _____
 Reviewed by _____ Date _____

