

WEBER COUNTY VICTIM RIGHTS COMPLAINT FORM

Date of Submission:

Name (First & Last):

If under 18 years of age, indicate the name of parent or guardian

Phone Number: _____

Email Address: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

1. **Type of Complaint** _____
2. **Date of Crime or Incident:** _____
3. **Name of perpetrator/defendant:** _____
4. **Police Report Case Number:** _____
5. **Location of Incident (if applicable):** _____
6. **Has the person or persons who committed the crime been charged in court?**
☐ Yes ☐ No

7. **Court Case Number (if applicable):** _____

8. **Name of Judge (if applicable):** _____

9. **Please check all that apply:**

- ☐ This is a District Court Case (2nd District, Weber County)
- ☐ This is a Juvenile Court Case (2nd District, Weber County)
- ☐ This is a Justice Court Case (Weber County)
- ☐ This case involves child abuse
- ☐ This case involves sexual assault
- ☐ This case involves domestic violence

10. **Description of Complaint:** (Provide as much detail as possible)

11. Please indicate the victim/witness right violated:

List of Victim Rights in their entirety can be found at [Utah Code Section 77-37-3](#)

12. Please list all criminal justice agencies (Weber County) and/or individuals who are the subject of this complaint:

13. Desired Resolution: (What outcome are you hoping for?)

14. Supporting Evidence: (Attach or describe documents, photos, receipts, etc.)

I hereby declare that the information in this written statement is true and correct to the best of my knowledge. I understand that this information will be released to the Weber County Attorney's office and the subject(s) of the complaint.

Signature: _____ **Date:** _____

Please return to the Weber County Attorney's office via mail or email
Attention: Victim Rights Complaint
2380 Washington Blvd Suite 230
Ogden UT 84401
Victimrights@co.weber.ut.us