



Moorish National Republic of Peace (MNRP)
MINISTRY OF SECURITY & DEFENSE
OFFICIAL NATIONAL COMPLAINT FORM
Form No. USRCP0414-__

◆ **Section 1: Complainant Information**

Name of Complainant: _____

MNRP National ID #: _____

Date/Time of Complaint: _____

Phone Number: _____

Email Address (if available): _____

Mailing Location (Non-Domestic): _____

Emergency Contact Info: _____

◆ **Section 2: Incident Details**

Date/Time of Incident (From): _____ **Until:** _____

Location of Incident (City, Province): _____

Did an arrest occur? ☐ Yes ☐ No

Was property taken or damaged? ☐ Yes ☐ No

Was the right to travel impeded? ☐ Yes ☐ No

Is a court appearance scheduled? ☐ Yes ☐ No → **If yes, date:** _____

◆ **Section 3: Nature of Complaint (Check All That Apply)**

☐ Treaty Violation (Peace & Friendship / Madrid 1880)

☐ Violation of Right to Travel

☐ Religious Rights Violation

☐ Violation of MNRP Constitution

☐ Public Law Violation

☐ Sovereign Property Violation (e.g., vehicle, ID)

☐ Unlawful Detainment or Threat

☐ Other: _____



◆ **Section 4: Documentation Attached**

- ☐ Sworn Affidavit of Fact
 - ☐ Citation/Summons
 - ☐ Evidence Photos or Video
 - ☐ Bond Slips or Tow Receipts
 - ☐ Witness Affidavits
 - ☐ Other: _____
-

◆ **Section 5: Respondent (Accused) Information**

(Complete as much as possible)

Name: _____
Agency/Organization: _____
Badge/ID Number: _____
City/County of Employment: _____
Physical Description (if unknown): _____

◆ **Section 6: Public Officer Reporting**

Commander Assigned (MNRG): _____
Minister of Security & Defense Notified: ☐ Yes ☐ No
Public Minister Assigned (if applicable): _____
Court of Justice Referral: ☐ Yes ☐ No
Case Number Assigned: _____

◆ **Section 7: Complainant Signature & Witnesses**

I, the undersigned Complainant, do solemnly affirm that the information provided in this Complaint Form and attached Affidavit is true, correct, and submitted in honor under penalty of perjury under MNRP National Law.

Complainant Signature: _____
Date: _____
Witness #1 Name/Signature: _____
Witness #2 Name/Signature: _____



Official Use Only – To Be Completed by Commander or Ministerial Officer

- Date Received: _____
- Complaint Case No.: USRCP0414-_____
- Entered by: _____
- Final Review Date: _____
- Approved for Investigation: ☐ Yes ☐ No
- Referral to Court of Justice: ☐ Yes ☐ No
- Public Minister Referral: ☐ Yes ☐ No