CIVIL GRAND JURY El Dorado County

P.O. Box 472 Placerville, California 95667 (530) 621-7477 eMail: contact@edcgrandjury.com



COMPLAINT FORM

1.	Person or agency	your complaint is about:
Name:		Telephone:
Ado	dress:	
2.		int: Briefly describe events in the order they occurred as concisely as possible. onal information.
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3.	-	cts: List persons or agencies contacted prior to the Grand Jury.
a.		Telephone:
b.		Telephone:
c.	Name:	Telephone:
4.	Witnesses the Gr	and Jury may contact for further information:
a.	Name:	Telephone:
b.	Name:	Telephone:
c.		Telephone:
5.	Describe the acti	on you wish the Grand Jury to take and why:
6. (Complainant: (Re	quired)
Naı	me:	Telephone:
Ado	dress:	
The	e information prese	nted on this form is true, correct, and complete to the best of my knowledge.
Siq	nature:	Date:

THE CIVIL GRAND JURY WILL ACKNOWLEDGE RECEIPT OF THIS COMPLAINT

^{**}Remember to attach any supporting documentation with the complaint**