CIVIL GRAND JURY El Dorado County

P.O. Box 1003 Placerville, California 95667 (530) 621-7477 eMail: contact@edcgrandjury.com



COMPLAINT FORM

1.	Person or ag	gency your complaint is about:
Name: Te		Telephone:
Ado	dress:	
2.		emplaint: Briefly describe events in the order they occurred as concisely as possible. additional information.
3.	Complaint c	ontacts: List persons or agencies contacted prior to the Grand Jury.
a.	Name:	Telephone:
b.	Name:	Telephone:
c.	Name:	Telephone:
4.	Witnesses tl	ne Grand Jury may contact for further information:
a.	Name:	Telephone:
b.	Name:	Telephone:
c.	Name:	Telephone:
5.	Describe the	e action you wish the Grand Jury to take and why:
6. (Complainant:	(Required)
Naı	me:	Telephone:
Ado	dress:	
The	e information	presented on this form is true, correct, and complete to the best of my knowledge.
Sig	nature:	Date:

THE CIVIL GRAND JURY WILL ACKNOWLEDGE RECEIPT OF THIS COMPLAINT

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