CIVIL GRAND JURY El Dorado County

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



COMPLAINT FORM

 Person or agency your complaint is about: Name:			
		Telephone:	
Add	dress: _		
2.		of complaint: Briefly of any additional informat	describe events in the order they occurred as concisely as possible ion.
3.	Compla	aint contacts: List perso	ons or agencies contacted prior to the Grand Jury.
a.	Nan	me:	Telephone:
b.	Nan	ne:	Telephone:
c.	Nan	ne:	Telephone:
4.	Witness	ses the Grand Jury may	contact for further information:
a.			Telephone:
b.			Telephone:
c.	Nan		Telephone:
5.			he Grand Jury to take and why:
Naı	me: _	nant: (Required)	Telephone:
	dress: _		
The	informa	ition presented on this fo	rm is true, correct, and complete to the best of my knowledge.
Sia	nature:		Date:

THE CIVIL GRAND JURY WILL ACKNOWLEDGE RECEIPT OF THIS COMPLAINT

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