EI I P.O. Place (530	VIL GRAN Dorado C Box 1003 erville, Californ) 621-7477 I: contact@edc	county			PORADO COUNT
		СС		Л	
1.	Person or ag	ency your compla	aint is about:		
Nam	ne:			Telephone:	
Add	ress:				
		mplaint: Briefly dditional informa		the order they	occurred as concisely as possible.
3.	Complaint co	ntacts: List pers	sons or agencies co	ntacted prior to	the Grand Jury.
a.	Name:			Telephone:	
b.	Name:			Telephone:	
c.	Name:			Telephone:	
4.	Witnesses th	e Grand Jury ma	y contact for furthe	r information:	
a.	Name:			Telephone:	
b.	Name:			Telephone:	
c.					
5.	Describe the	action you wish	the Grand Jury to t	ake and why:	
Nam					
The	information p	resented on this f	form is true, correct,	and complete to	o the best of my knowledge.
Sigr	nature:			Date:	
	THE C	TVIL GRAND JU	URY WILL ACKNO	WLEDGE RECE	EIPT OF THIS COMPLAINT

Remember to attach any supporting documentation with the complaint