CITIZEN COMPLAINT FORM

Alpine County
Civil Grand Jury
c/o P.O. Box 518
Markleeville, CA 96120

Please Review Complaint Guidelines

DATE: _____

PLEASE PRINT:

1. **Who:** Your Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: (___) _____Extension: _____

2. **What:** Subject of Complaint. Briefly state the nature of complaint and the action of which Alpine County Department, section, agency, or official(s) that you believe was illegal or improper. Use additional sheets as necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3. **When:** Date(s) of Incident:

_____
_____

4. **Where:** Names and address of other departments, agencies, or officials involved in this complaint. Include approximate dates and types of contact; i.e., phone, letter, personal. What was (has been) their response to you? Use additional sheets as necessary.

_____
_____
_____
_____
_____

Are there other persons you think we should contact about this problem?

a. Name and Occupation _____
Address _____
Reason to Contact: _____
_____
_____

b. Name and Occupation _____
Address _____
Reason to Contact:_____
_____
_____

c. Name and Occupation _____
Address _____
Reason to Contact: _____
_____
_____

5. Is this complaint involved in litigation? _____No _____Yes

6. What action or remedies are you seeking? _____
_____
_____

7. Why/How: Please attach any correspondence or supporting documents, with dates, that you may have, regarding this concern, including all legal documents. **DOCUMENTS SUBMITTED CANNOT BE RETURNED.**

BE ON NOTICE: "EVERY PERSON WHO MAKES A REPORT TO THE GRAND JURY THAT A FELONY OR MISDEMEANOR HAS BEEN COMMITTED, KNOWING THE REPORT TO BE FALSE, IS GUILTY OF A MISDEMEANOR." (PENAL CODE, SECTION 148.5(d))

ANY INFORMATION YOU PROVIDE, INCLUDING YOUR IDENTITY, IS CONFIDENTIAL.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE:_____DATE:_____

DO NOT WRITE BELOW THIS LINE

Date Received _____Received By:_____

Complaint Number Assigned: _____

Date Complaint Was Assigned: _____ Committee Assigned: _____