FRESNO COUNTY GRAND JURY

1100 VAN NESS AVENUE, ROOM 102
FRESNO, CALIFORNIA 93721

COMPLAINT FORM

ALL COMPLAINTS RECEIVED BY THE GRAND JURY ARE CONFIDENTIAL

Date:_____

Your Name: _____

Home Address:_____

City, State & Zip:_____

Telephone Number: Home ( ) Work ( )

BRIEF SUMMARY OF COMPLAINT - Include dates of events, names of officials, other persons, city/county departments and agencies involved. (Attach additional sheets if necessary).

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The information contained on this form is true, correct and complete to the best of my knowledge.

Signature _____ Date: _____

COMPLAINTS WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

You will receive written acknowledgment of this complaint after it is received and reviewed by the Grand Jury. This complaint is to be mailed to the address shown above.