

**CITIZEN COMPLAINT FORM – CONFIDENTIAL**

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**PERSON FILING COMPLAINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Is the subject matter of your complaint currently involved in litigation?

No \_\_\_\_ Yes \_\_\_\_ Unknown \_\_\_\_

Have you or do you intend to file a complaint with any other entity regarding this matter? If yes, provide the following information:

Name or Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

What was their response?

**DESCRIBE YOUR COMPLAINT**

In the space below, identify the person(s) and/or the County or City government, school, agency or special district that is the subject of this complaint. The complaint should clearly state specific facts. Include all names, dates, addresses, phone numbers, etc. Attach copies of all pertinent documents and correspondence. Use additional sheets if necessary.

What action are you expecting from the Madera County Grand Jury?

The information presented in this form is true, correct and complete to the best of my knowledge. I am aware it is a crime to knowingly make a false report to the Grand Jury (PC §148.5(d)).

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Mail this completed form to: MADERA COUNTY GRAND JURY PO BOX 534,  
MADERA, CA 93639 Or fax to: (559) 662-0848**