MONTEREY COUNTY CIVIL GRAND JURY P.O. BOX 414

SALINAS, CA 93902

ALL COMPLAINTS SUBMITTED TO THE GRAND JURY ARE STRICTLY CONFIDENTIAL

COMPLAINANT:		
Address	Telephone #	
ST THE FOLLOWING PERSON O	R AGENCY:	
Address	Telephone #	
	n Complaint to the Grand Jury. If necessary, or documentation concerning your complaint.	
aken, if any, with respect to the facts descr	ibed in this complaint.	
	Address hich have caused you to enter this Citizer ally describe the sequence of events and/o	

CCF (Rev. 8-04)

ACTION REQUESTED: Briefly describe the specific action you are suggesting the Grand Jury perform.		
COMPLAINANT CONTACTS: List the person(s)/agency(s) you have	: e contacted concerning your complaint.	
Person/Agency	Address	Date of Contact
GRAND JURY CONTACTS: List the person(s)/agency(s) you prop	pose the Grand Jury contact concerning your comp	plaint.
Person or Agency	Address	Telephone #
complaint without undue del	ature below is not necessary, but for the ay, your signature is requested. If the Grand Jury cannot request further in ations.	the complaint is unsigned, the
DECLARATION:		
THE INFORMATION PRESI COMPLETE TO THE BEST O	ENTED IN THIS COMPLAINT FORM F MY KNOWLEDGE.	M IS TRUE, CORRECT AND
DATE:		
	COMPLAIN	IANT'S SIGNATURE

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