MADERA COUNTY GRAND JURY
PO BOX 534 Madera CA 93639
(559) 662-0946

Citizen Complaint Form

PERSON/AGENCY ABOUT WHICH COMPLAINT IS MADE:

Name	Address	Telephone

NATURE OF COMPLAINT:
Describe the events in the order they occurred ; attach any documents, correspondence or extra pages if necessary.

COMPLAINT CONTACTS: What other persons or agencies have you contacted about this problem.

Name or Agency	Address	Date of Contact

GRAND JURY CONTACTS: Who do you believe the Grand Jury should contact about this matter?

Name or Agency	Address	Phone Number

ACTION REQUIRED: Describe the action you wish the Grand Jury to take.

COMPLAINANT:

Name	Address	Phone Number

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

Print Form

SIGNATURE OF COMPLAINANT **DATE**