

Officials, departments or agencies you have contacted regarding your complaint:

Agency: _____ Name of Contact: _____

Date Contacted: _____ Contact Information: _____

Action Taken: _____

Agency: _____ Name of Contact: _____

Date Contacted _____ Contact Information: _____

Action Taken: _____

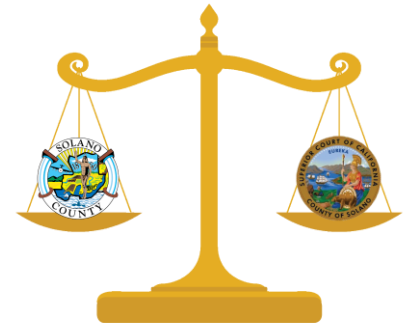
Name any agency/person you have filed against for damages. Please explain.

Signature: _____ Date: _____

Be advised: ALL INFORMATION IS KEPT CONFIDENTIAL, unsigned complaints will not be considered. You will only be advised when the Civil Grand Jury receives your complaint. You will not receive any further correspondence from the Civil Grand Jury.

CITIZEN COMPLAINT FORM

SOLANO COUNTY CIVIL GRAND JURY



**SOLANO COUNTY
CIVIL GRAND JURY**

**Hall of Justice
600 Union Avenue
Fairfield, California 94533
(707) 435-2575
www.solano.courts.ca.gov**

If appropriate officials, departments or agencies have not been contacted regarding your complaint, or if your concern is already being addressed by an agency or the courts, your complaint will not be considered by the Civil Grand Jury.

Department and/or Agency involved in complaint: _____

Summarize your complaint. Include date(s), names, departments and/or agencies involved. Print clearly and attach additional sheets as needed. Attach copies of related documents or pertinent correspondence. **Keep copies of all materials sent. DO NOT SEND ORIGINALS**, anything sent to this office will become the property of the Civil Grand Jury and will not be returned.

Your Name: _____ Driver's License Number: _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please indicate which is the best contact number and the best time to reach you. _____

What action would you like the Solano Civil Grand Jury to take?
