

Whom do you suggest the Grand Jury contact regarding this matter and why?

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

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

What action would you like to have the Grand Jury take? Be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach copies of any related documents or correspondence you have. Receipt of your complaint will be acknowledged in writing by the Grand Jury.

**The Grand Jury does not accept unsigned complaint forms.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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# CITIZEN COMPLAINT FORM

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## SOLANO COUNTY GRAND JURY



Hall of Justice  
600 Union Avenue Fairfield, California  
94533  
(707) 435-2575  
<http://www.solano.courts.ca.gov/GrandJury/>

**IT IS IMPORTANT TO READ THE ENTIRE FORM BEFORE COMPLETING.**

If appropriate officials, departments or agencies have not been contacted regarding your situation, or if your concern is already being addressed by an agency, please **DO NOT** submit.

Your Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is it appropriate to call you at these numbers? \_\_\_\_\_

What are the best times to reach you? \_\_\_\_\_

\_\_\_\_\_

Official, Department and/or Agency the complaint is regarding:

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Director/Department Head \_\_\_\_\_

\_\_\_\_\_

Please summarize your complaint. Include date(s) of the event, names, departments and/or agencies involved. Please print clearly and/or attach additional sheets, if necessary. Keep a copy of all materials sent. **DO NOT SEND ORIGINALS** because they will not be returned.

\_\_\_\_\_  
\_\_\_\_\_

Officials, Departments or Agencies you have contacted regarding this situation:

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date Contacted \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date Contacted \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_