

Citizen Complaint Form

City and County of San Francisco
Civil Grand Jury, Superior Court
400 McAllister St., Room 008
San Francisco, CA 94102 (FAX: 551-3601)

Person or Agency About Which Complaint is Made

Name or Agency: _____

Address: _____

Telephone: _____

Nature of Complaint

Describe the events in the order they occurred and as concisely as possible:

(attach additional sheet(s), if required)

Contacts

Which persons or agencies have you contacted about this problem?

Name or Agency	Address	Contact Date	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who do you believe the Grand Jury should contact about this matter?

Name or Agency	Address	Telephone
_____	_____	_____
_____	_____	_____

Action Requested

Describe the action you wish the Grand Jury to take:

Citizen Submitting Complaint

Name: _____

Address: _____

Telephone _____

The information on this form is true, correct and complete to the best of my knowledge:

Signature of Complainant

Date