

**PROBLEM:** 

## MODOC COUNTY GRAND JURY CITIZENS COMPLAINT FORM

205 S. East Street, Alturas, CA 96101	Phone: 233-6526	Date:
Your name:		
Home Address:		Zip:
Work Address:		Zip:
Telephone #:(Home)	(Work)	
1. PERSON(S), OFFICIAL, DEPARTMEN YOU ARE MAKING THE COMPLAINT:	NT, OR AGENCY ABOU	UT WHOM (WHICH)
Name:		
Address:		Zip:
Telephone #:		
Director of Agency, if applicable:		
2. BRIEF SUMMARY OF PROBLEM (incofficials, department, and agencies involved		
3. PLEASE LIST THE PERSONS, OFFIC	· ·	

ENTITY	ADDRESS	APPROXIMATE DATE OF CONTACT
GRAND JURY CIT	TIZENS COMPLAINT FORM	
4. WHO DO YOU? PROBLEM?	THINK THE GRAND JURY SI	HOULD CONTACT ABOUT THIS
NAME	ADDRESS	TELEPHONE #:
5. REASON TO CO	ONTACT THE ABOVE:	
6. WHAT RESULT	DO YOU WANT FROM THE	GRAND JURY INVESTIGATION?

PLEASE ATTACH ANY CORRESPONDENCE OR SUPPORTING DOCUMENTATION THAT WOULD BE PERTINENT TO THIS COMPLAINT.

Among the many powers and responsibilities of the Grand Jury is the investigation of citizen complaints to assure that all branches of County government are being administered efficiently, honestly and in the best interests of its citizens.

All Complaints submitted to the grand jury will be treated in the strictest of confidence.

Signature of Complainant	Date
GRAND JURY CITIZENS CO	MPLAINT FORM
	eby authorizes the Modoc County Grand Jury to erson or office against whom or which I've made a
Date	Signature