



State of California
 Attorney General
 Bill Lockyer

Department of Justice
Public Inquiry Unit
 P.O. Box 944255
 Sacramento, CA 94244-2550
 (916) 322-3360
 (800) 952-5225 California only

Complaint Form
 (Print Form, Fill Out, and Mail)

I wish to file a complaint against the party named below. I understand that the Attorney General does not represent private citizens seeking private remedies. I am, however, filing this complaint to notify your office of my allegations so that it may be determined if a law enforcement or statewide legal action is warranted.

Complaining Party

Complaint Against

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Home Phone Number _____

Preferred method of contact: (circle one)

Work Phone Number _____

Home Work

Have you contacted your local authority? (circle those which apply) Police, Sheriff, District Attorney, Grand Jury

Have you contacted another state agency? ___No ___Yes
 If yes, name of agency _____

Have you contacted an attorney? ___No ___Yes
 If yes, name of attorney _____

Is there a court action pending? ___No ___Yes
 If yes, name of Court _____

Have you lost a lawsuit in this matter? ___No ___Yes

