

**SPECIAL PROSECUTION SECTION
COMPLAINT FORM**

Complainant:

District Attorney Office
Del Norte County
581 H Street
Crescent City, CA 95531

I hereby acknowledge that I understand that the District Attorney's Office is not permitted to act as attorney on behalf of individuals. The District Attorney's Office may or may not decide to file an action on the basis of this complaint. If filed, the purpose of such an action will not be to obtain restitution on my behalf.

Please PRINT or TYPE and fill out COMPLETELY and in DETAIL

Your Name: _____ Date of Birth _____ Male _____ Female _____

Home Address: _____

Business Address: _____

Telephone: Home _____ Business _____

Name of Party(s) Complained About (Person & Firm) _____

Address: _____

Telephone _____

Location of Violation: _____

Date of Violation _____

- Violation Involved [] **Brown Act; Gov. Code § 54952.2**
[] **Misappropriation of Public Funds Cal. Penal Code § 424, 503, and 504**
[] **Non compliance of Investment Policy Cal. Govt. Code § 53600.3 and 27000.3**
[] **Willful violation of Political Reform Act of 1974 § 81000 et seq**
[] **Fraud Cal. Civil Code § 1709**
[] **Neglect to keep or pay over public funds § 425**

**STATEMENT OF FACTS
TYPE OR PRINT**

Other Witnesses: ____ Yes ____ No

Name of Witness: _____

Address of Witness _____

Telephone Number of Witness _____

DATE: _____ YOUR SIGNATURE _____