## ZIP: \_\_\_\_ YOUR NAME: ZIP: \_\_\_\_\_ HOME ADDRESS: WORK ADDRESS: ZIP: (Work) TELEPHONE NO.: (Home) PERSON(S), OFFICIAL, DEPARTMENT, AND/OR AGENCY ABOUT WHOM (WHICH) YOU ARE MAKING THE COMPLAINT: Name of Person(s): Name of Agency: Address: Telephone No.: 2 BRIEF SUMMARY OF PROBLEM (Include dates of events and names of persons, officials, departments and agencies involved. Attach additional sheets, if necessary.) 3 LIST THE PERSONS, OFFICIALS DEPARTMENTS AGENCIES, OTHER GRAND JURIES OR MEDIA YOU HAVE CONTACTED ABOUT THIS PROBLEM: Approx. Contact Date: Entity: Address: 4 WHO DO YOU THINK THE GRAND JURY SHOULD CONTACT ABOUT THIS PROBLEM? Name: Address: Phone: 5 WHY SHOULD THE GRAND JURY CONTACT THE ABOVE LISTED PERSONS? 6 WHAT RESULTS DO YOU WANT FROM A GRAND JURY INVESTIGATION? 7 IS THIS MATTER IN LITIGATION? 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 local governments are being administered efficiently, honestly and in the best interests of their citizens. As part of that investigation, you may be interviewed or required to give testimony. All complaints submitted to the Grand Jury will be treated in the strictest of confidence. Mail this form to: Shasta County Grand Jury P. O. Box 992086 Signature of Complainant Date

Redding, CA 96099-2086

SHASTA GRAND JURY - REQUEST FOR INVESTIGATION