

ACTION REQUESTED:

Briefly describe the specific action you are suggesting the Grand Jury perform.

COMPLAINANT CONTACTS:

List the person(s)/agency(s) you have contacted concerning your complaint.

Person/Agency	Address	Date of Contact
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GRAND JURY CONTACTS:

List the person(s)/agency(s) you propose the Grand Jury contact concerning your complaint.

Person or Agency	Address	Telephone #
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PLEASE NOTE: Your signature below is not necessary, but for the Grand Jury to process your complaint without undue delay, your signature is requested. If the complaint is unsigned, the complainant must realize that the Grand Jury cannot request further information from the complainant to assist them in their investigations.

DECLARATION:

THE INFORMATION PRESENTED IN THIS COMPLAINT FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

COMPLAINANT'S SIGNATURE