

Office of the District Attorney

County of San Bernardino

PUBLIC INTEGRITY UNIT

COMPLAINT FORM

PLEASE **PRINT OR TYPE** (IF ANY SECTION OF THIS FORM IS NOT LEGIBLE, IT MAY CAUSE A DELAY IN PROCESSING YOUR COMPLAINT):

DATE: _____

1. YOUR FULL NAME (IDENTIFIES YOU AS THE COMPLAINANT): _____

LAST FIRST MIDDLE

2. RESIDENCE ADDRESS: _____

STREET ADDRESS APT./UNIT # CITY STATE ZIP CODE

3. PRIMARY LANGUAGE: _____

4. DATE OF BIRTH: _____

MONTH DAY YEAR

5. CELL PHONE NO: _____ 6. RESIDENCE PHONE NO: _____

7. YOUR OCCUPATION: _____

8. YOUR BUSINESS PHONE NO: _____

9. YOUR BUSINESS ADDRESS: _____

STREET ADDRESS UNIT # CITY STATE ZIP CODE

10. WERE YOU REFERRED TO US? YES NO

IF YES, BY WHOM AND WHEN?

11. HAVE YOU EVER SUBMITTED A COMPLAINT WITH US BEFORE? YES NO

IF YES, WHO DID YOU SUBMIT A COMPLAINT AGAINST AND WHEN?

PLEASE PROVIDE OUR CASE NUMBER RELATED TO YOUR PREVIOUS COMPLAINT: _____

12. I DECLARE I HAVE A COMPLAINT AGAINST:

FULL NAME OF PERSON: _____

LAST FIRST MIDDLE

BIRTH DATE (IF KNOWN): _____

MONTH DAY YEAR

ADDRESS (RESIDENTIAL & BUSINESS, IF KNOWN):

A. _____

STREET ADDRESS APT./UNIT # CITY STATE ZIP CODE

B. _____

STREET ADDRESS SUITE/UNIT # CITY STATE ZIP CODE

BUSINESS COMPANY/ORGANIZATION NAME: _____

FIRM AFFILIATION (IF APPLICABLE): _____

CELL PHONE NUMBER: _____

RESIDENTIAL PHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

**YOU MUST SIGN AND DATE PAGE 5 OF YOUR COMPLETED FORM
WHETHER OR NOT YOU HAVE ADDITIONAL STATEMENT PAGES ATTACHED**

13. PERSONAL DESCRIPTIONS OF THOSE INVOLVED (LIST NAME, RACE, SEX, AGE [OR APPROXIMATE AGE IF BIRTHDATE IS NOT LISTED IN #12] HEIGHT, WEIGHT, COLOR OF EYES & HAIR, TATTOOS, SCARS, AND ANY OTHER DESCRIPTIVE INFORMATION):

14. WHAT TYPE OF CRIME(S) DO YOU SUSPECT HAS BEEN COMMITTED? (CHECK ALL THAT APPLY)

- BROWN ACT VIOLATION MISUSE OR MISAPPROPRIATION OF PUBLIC FUNDS (P.C. § 424) EMBEZZLEMENT
 ELECTION & CAMPAIGN VIOLATIONS CONFLICT OF INTEREST BRIBERY FRAUD
 EXTORTION RESIDENCY ISSUE OTHER (SPECIFY): _____

15. WHAT DATE DID YOU FIRST BECOME AWARE OF THE ALLEGED CRIME?

16. PLEASE PROVIDE THE DATE AND PLACE WHERE THE ALLEGED ACTS OCCURRED:

17. HAVE YOU HAD A PREVIOUS BUSINESS OR PERSONAL RELATIONSHIP WITH THE INDIVIDUAL NAMED IN THIS COMPLAINT? YES NO

IF YES, PLEASE WRITE THE EXACT NAME OR ENTITY, WHETHER THE RELATIONSHIP WAS BUSINESS RELATED OR PERSONAL, THE DURATION OF THE RELATIONSHIP, AND VERY BRIEFLY EXPLAIN THE RELATIONSHIP. IF POSSIBLE, PROVIDE DATES.

18. HAVE YOU CONTACTED THE BUSINESS OR PERSON REGARDING YOUR COMPLAINT? YES NO

IF YES, LIST THE NAMES OF THE PERSON(S) CONTACTED AND DATE(S) CONTACTED:

NAME: _____	DATE(S): _____
NAME: _____	DATE(S): _____
NAME: _____	DATE(S): _____
NAME: _____	DATE(S): _____

19. RESULT OF CONTACT WITH PERSON(S):

20. HAVE YOU FILED A COMPLAINT WITH ANOTHER LAW ENFORCEMENT OR CONSUMER PROTECTION AGENCY?

YES NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE AGENCY, PHONE NUMBER, REPORT NUMBER, AND THE NAME AND TITLE OF THE PERSON HANDLING THE COMPLAINT:

21. DO YOU ALREADY HAVE A CIVIL OR CRIMINAL CASE FILED? YES NO

IF YES, PLEASE PROVIDE YOUR ATTORNEY'S NAME, BUSINESS ADDRESS, PHONE NUMBER, CASE NO., TYPE OF CASE (EX. CIVIL LAWSUIT), AND THE COURT JURISDICTION. PLEASE PROVIDE ANY RESULTS OF THE CASE & ATTACH ANY COURT DOCUMENTS.

22. ARE YOU BEING REPRESENTED BY AN ATTORNEY (EVEN IF NO CASE FILED)? YES NO

IF YES, PLEASE PROVIDE YOUR ATTORNEY'S NAME, BUSINESS ADDRESS, PHONE NUMBER:

23. ARE YOU WILLING TO APPEAR AS A SWORN WITNESS TO TESTIFY AND BE CROSS-EXAMINED REGARDING THE ALLEGATIONS MADE IN THIS COMPLAINT? YES NO

IF NO, BRIEFLY STATE THE REASON:

24. LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF OTHER INDIVIDUALS WHO MAY HAVE FURTHER KNOWLEDGE OF THIS MATTER:

NAME:	CONTACT?	ADDRESS AND PHONE:
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

IF YOU REQUEST THAT WE NOT CONTACT, PLEASE BRIEFLY STATE THE REASON WHY:

25. PROVIDE COPIES ONLY (NO ORIGINALS) OF ANY DOCUMENT(S) YOU HAVE TO SUPPORT YOUR COMPLAINT.

DID YOU ATTACH SUPPORTING DOCUMENTS? YES NO

**YOU MUST SIGN AND DATE PAGE 5 OF YOUR COMPLETED FORM
WHETHER OR NOT YOU HAVE ADDITIONAL STATEMENT PAGES ATTACHED**

26. IN A BRIEF STATEMENT, TELL US THE FULL STORY BEGINNING WITH THE DATE OF FIRST CONTACT. THE STATEMENT SHOULD CONTAIN SPECIFIC AND DETAILED FACTS WITHIN YOUR PERSONAL KNOWLEDGE THAT SUPPORT YOUR BELIEF THAT A CRIME WAS COMMITTED. PLEASE INCLUDE THE DATE AND TIME OF THE MISDEEDS YOU ALLEGE OCCURRED. ALL THE PARTIES INVOLVED SHOULD BE NAMED AND CONTACT INFORMATION FOR THEM SHOULD BE INCLUDED. IT IS IMPORTANT THAT YOU NOT RELY ON HUNCHES, RUMORS, GOSSIP, NEWSPAPER ACCOUNTS, OR OTHER HEARSAY.

NOTE: WRITE THE FULL NAMES OF INDIVIDUALS, INCLUDING ALL WITNESSES PRESENT DURING THE ALLEGED CRIME. TRY TO ANSWER THE QUESTIONS: WHO? WHAT? WHEN? WHERE? WHY? AND HOW? IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS.

**YOU MUST SIGN AND DATE PAGE 5 OF YOUR COMPLETED FORM
WHETHER OR NOT YOU HAVE ADDITIONAL STATEMENT PAGES ATTACHED**

27. DID YOU AUTHORIZE ANOTHER INDIVIDUAL TO COMPLETE OR ASSIST YOU IN COMPLETING THIS FORM?

YES NO

IF YES:

NAME OF INDIVIDUAL THAT ASSISTED/COMPLETED THIS FORM: _____

CONTACT INFORMATION: ADDRESS: _____

PHONE NO.: _____

WHAT IS THAT INDIVIDUALS RELATIONSHIP TO YOU? _____

STREET ADDRESS

APT./UNIT #

CITY

STATE

ZIP CODE

NOTE: SECTION 148.5(A) OF THE CALIFORNIA PENAL CODE STATES:

EVERY PERSON WHO REPORTS TO ANY PEACE OFFICER LISTED IN SECTION 830.1 OR 830.2, OR SUBDIVISION (A) OF SECTION 830.33, DISTRICT ATTORNEY, OR DEPUTY DISTRICT ATTORNEY THAT A FELONY OR MISDEMEANOR HAS BEEN COMMITTED, KNOWING THE REPORT TO BE FALSE, IS GUILTY OF A MISDEMEANOR.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING STATEMENTS AND PHOTOCOPIES OF ATTACHED DOCUMENTS ARE TRUE AND CORRECT. **Agreement of Complainant**

DATE: _____

NAME: _____

**TO SUBMIT ELECTRONICALLY, EMAIL COMPLETED
FORM & ANY SUPPORTING MATERIALS TO:
dapublicintegrity@sbcda.org**