



**OFFICE OF THE DISTRICT ATTORNEY, COUNTY OF SAN BERNARDINO**  
**MICHAEL A. RAMOS, DISTRICT ATTORNEY**  
 412 W. Hospitality Lane, Suite 301 San Bernardino, California 92415  
 (909) 891-3330 FAX (909) 891-3333

**CITIZEN REPORT AND INFORMAL COMPLAINT**

**PLEASE PRINT COMPLETE FORM**

**Notice:** The legal staff of the District Attorney's Office is not permitted to engage in the private practice of law or to furnish legal advice in private civil matters.

Your name (Print) \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Driver's Lic. or ID No. \_\_\_\_\_  
 City State Zip Code State \_\_\_\_\_  
 Phone (Res.) \_\_\_\_\_ (Cell) \_\_\_\_\_ Occupation \_\_\_\_\_  
 =====

**SUBJECT INFORMATION:** List name of business or individual against whom complaint is being made. Give name of salesperson or representative, if known.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

3. How did you first hear of them (newspaper, TV, telephone call, etc.)? \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Amount of Loss \$ \_\_\_\_\_

Location of occurrence (City and County) \_\_\_\_\_

Names and phone numbers of witnesses (if any) \_\_\_\_\_  
 \_\_\_\_\_

Names and phone nos. of other victims (if any known) \_\_\_\_\_  
 \_\_\_\_\_

Have you contacted a private attorney? If so, who? \_\_\_\_\_

Are any civil actions (law suits) pending? \_\_\_\_\_

Other agencies contacted (if any) \_\_\_\_\_

Are you willing to sign a formal (criminal) complaint and testify in court regarding this matter? Yes \_\_\_ No \_\_\_  
 =====

**DECLARATION**

Briefly explain the facts upon which you are basing your complaint, including first contact with subject and anything subject said which later proved to be untrue.

**ATTACH ADDITIONAL REMARKS AND COPIES OF CORRESPONDENCE AND CONTRACTS—DO NOT WRITE ON REVERSE SIDE OF THIS FORM.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional pages if necessary.)

**SIGN AND DATE BELOW:**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on \_\_\_\_\_, 2012.

\_\_\_\_\_  
 Signature

Please mail form to: **San Bernardino County District Attorney's Office**  
**Attn: Specialized Prosecutions Group**  
**412 W. Hospitality Lane, Suite 301**  
**San Bernardino, CA 92415**