

# Office of the District Attorney

County of San Bernardino

## REAL ESTATE FRAUD

### COMPLAINT FORM

**PLEASE PRINT OR TYPE** (If any section of this form is not legible, it may cause a delay in processing your complaint.)

1 Your full name (Identifies you as the complainant)		2 Residence address (street/city/state/ zip)		4 Residence phone no.  Call blocking? yes ___ no ___	
				5 Cell no.	
7 Occupation		8 Date of birth  Male ___ Female ___		3. Primary Language:	
				6 Business phone no.	
9 Business address (street/city/state/zip)		10 Social security no.		11 Driver's license no.	
				12 Were you referred to us? Yes ___ No ___ If yes, by whom & when?  _____ _____ _____	
13 Have you ever filed a complaint with us before? Yes ___ No ___ If yes, who did you file against and when?  _____ _____ _____		14 If yes to # 13, please provide the case no.  _____ _____ _____		15 Address of the real property in question (include parcel no. if known):  _____ _____ _____	
17 Does the property or loan involve HUD?  Yes ___ No ___		18 I declare I have a complaint against: (full name of person, then their business, company, or firm affiliation)		19 Address (residential & business, if known):	
a) _____ _____ _____		a) _____ _____ _____		a) _____ _____ _____	
b) _____ _____ _____		b) _____ _____ _____		b) _____ _____ _____	
c) _____ _____ _____		c) _____ _____ _____		c) _____ _____ _____	
21 Full name of notary (if involved and not listed above):		22 Notary employed by:		23 Employer's address:	
24 Employer's phone no.:		_____ _____ _____		_____ _____ _____	

**YOU MUST SIGN AND DATE PAGE 6 OF YOUR COMPLETED FORM  
WHETHER OR NOT YOU HAVE ADDITIONAL STATEMENT PAGES ATTACHED**

<p>25 Drivers' license no. of person(s) you are filing against (if known):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>26 Birthdate(s):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>27 Social Security no(s):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>28 AKAs (if known):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
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29 Personal descriptions of those involved (list name, race, sex, age [or approximate age if birthdate is not listed in box # 26], height, weight, color of eyes & hair, tattoos, scars and any other descriptive information)

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30 Do you suspect a forgery has been committed? Yes \_\_\_ No \_\_\_ Identity Theft? Yes \_\_\_ No \_\_\_

31 Are you complaining about a mechanics lien? Yes \_\_\_ No \_\_\_

<p>32 How and when did you first become aware of the alleged fraud?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>33 Date and place where the transaction(s) occurred:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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34 Have you had a previous business or personal relationship with the person/firm or any of its partners, officers, directors or controlling person? Yes \_\_\_ No \_\_\_ Business \_\_\_ Personal \_\_\_ Former employee \_\_\_ How Long? \_\_\_

35 If yes to # 34, please write the exact name or entity, and very briefly explain the relationship. Provide dates if you can.

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36 Have you contacted the business or person regarding your complaint? Yes \_\_\_ No \_\_\_

37 If Yes, person(s) contacted and date(s) contacted:

- \_\_\_\_\_ Date(s) \_\_\_\_\_

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38 Results of contact:

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39 If your complaint involves a real estate loan or transaction, please provide the loan/escrow/title/transaction document number along with the name and address of the lender, escrow, or title company.

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40 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.

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41 Do you already have a civil or criminal case filed? Yes \_\_\_ No \_\_\_ If yes, please provide the attorney's name, business address, phone number, case no., type of case (such as, small claims), and the court jurisdiction. Please provide any results of the case and attach any court documents.

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42 Is there a family/child/sibling dispute with regard to a Guardianship or Power of Attorney? Yes\_\_ No\_\_  
If yes, provide the name(s) and relation, and attach a **COPY** of the Guardianship or POA documents.

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43 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:

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44 List names, addresses and phone numbers of other individuals who may have further knowledge of this matter.

<b>Name</b>	<b>Contact?</b>	<b>Address and phone</b>
• _____	Yes__ No__	_____
• _____	Yes__ No__	_____
• _____	Yes__ No__	_____
• _____	Yes__ No__	_____
• _____	Yes__ No__	_____

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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: \_\_\_\_\_

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.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

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