



MARIN COUNTY DISTRICT ATTORNEY
) R U P O D U L R H H M D H L H Q H V D L F H V

DID YOU RECEIVE A REFERRAL NUMBER FROM OUR OFFICE? YES NO

IF YES, WHAT IS YOUR REFERRAL NUMBER? _____

PLEASE PRINT LEGIBLY.

I. COMPLAINING PARTY (*Person Filing Complaint*)

NAME (First, Middle Initial, Last)		DATE OF BIRTH	DRIVER'S LICENSE OR I.D. NUMBER	
STREET OR PO BOX NO.	APT. NO.	OCCUPATION		
CITY	STATE	ZIP CODE		
TELEPHONE NUMBER #1 ()		EMAIL ADDRESS		

II. SUSPECT / BUSINESS (*Party Whom Complaint Is Against*)

SUSPECT / BUSINESS NAME

STREET OR PO BOX NO.	APT. NO.	TELEPHONE NUMBER		
CITY	STATE	ZIP CODE		
<i>IF INDIVIDUAL:</i>				
DOB OR AGE (APPROX.)	MALE / FEMALE	RACE	HEIGHT	WEIGHT
STREET OR PO BOX NO.	APT. NO.	TELEPHONE NUMBER		
CITY	STATE	ZIP CODE		

IF MORE THAN ONE SUSPECT / BUSINESS, PLEASE INCLUDE THAT INFORMATION ON A SEPARATE PIECE OF PAPER

III. TRANSACTION INFORMATION

PLEASE FILL IN ALL RELEVANT INFORMATION.

DATE OF TRANSACTION / OCCURRENCE	NATURE OF TRANSACTION / OCCURRENCE (Mortgage, Foreclosure, Loan Modification, etc.)			
DID YOU SUFFER MONETARY LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LOSS	METHOD OF PAYMENT (Cash, check, credit card)	AMOUNT OF LOSS	
WAS ANY PROPERTY INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FAIR MARKET VALUE	IS IT YOUR PROPERTY? <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		
PROPERTY ADDRESS				

IF MORE THAN ONE PROPERTY IS INVOLVED, PLEASE INCLUDE THAT INFORMATION ON A SEPARATE PIECE OF PAPER

DID YOU SIGN AN AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A COPY PROVIDED TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AND LOCATION AGREEMENT WAS SIGNED
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------

IV. NARRATIVE

On a separate sheet of paper, please explain the facts upon which you are basing your complaint. Include any representations or statements that were told to you that you believe were false. Please be as detailed and thorough as possible.

V. SUBSEQUENT ACTION

DID YOU CONTACT SUSPECT ABOUT YOUR COMPLAINT?

YES NO

DATE OF ATTEMPT

RESULT

IF YOU SUCCESSFULLY MADE CONTACT WITH SOMEONE, WHAT WAS THE RESULT?

HAVE YOU CONTACTED ANY OTHER LAW ENFORCEMENT AGENCIES ABOUT YOUR COMPLAINT?

YES NO

DATE OF CONTACT

NAME OF OTHER LAW ENFORCEMENT AGENCIES

CASE NO. GIVEN TO YOU (IF ANY)

NAME OF OFFICER ON CASE (IF ANY)

IF LAW ENFORCEMENT PROVIDED YOU WITH A REPORT, PLEASE INCLUDE A COPY WITH YOUR COMPLAINT.

HAVE YOU CONTACTED A PRIVATE ATTORNEY?

YES NO

HAS A CIVIL LAWSUIT BEEN FILED?

YES NO

IF YES, DATE LAWSUIT FILED

NAME OF ATTORNEY CONTACTED

PHONE NUMBER

IF YOU HAVE FILED A CIVIL LAWSUIT, PLEASE INCLUDE A COPY OF THE COURT DOCUMENTS, INCLUDING THE COMPLAINT.

VI. WITNESSES

PLEASE LIST ANY WITNESSES THAT MAY BE RELEVANT TO YOUR COMPLAINT. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

WITNESS #1 NAME

HOW RELATED TO THE COMPLAINT

STREET OR PO BOX NO.

APT. NO.

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

WITNESS # 2 NAME

HOW RELATED TO THE COMPLAINT

STREET OR PO BOX NO.

APT. NO.

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

VII. DOCUMENTATION

PLEASE CHECK WHAT DOCUMENTATION IS RELEVANT TO YOUR CASE AND INDICATE IF YOU HAVE PROVIDED A COPY WITH YOUR COMPLAINT. FAILURE TO PROVIDE COPIES OF DOCUMENTS THAT YOU HAVE THE ABILITY TO OBTAIN MAY RESULT IN YOUR COMPLAINT BEING RETURNED TO YOU.

- | | |
|------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Advertising materials | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Promissory Note, Contract or Agreement | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Grant Deed, Deed of Trust, or other title documents | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Will or Trust documents | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Escrow, mortgage, and/ or loan documents | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Cancelled checks (front and back) | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Cash receipt(s) | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Correspondence between you and suspect (letters, faxes, emails, etc.) | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Other law enforcement reports | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Civil lawsuit documents | <input type="checkbox"/> COPY PROVIDED |
| <input type="checkbox"/> Other documentation (please indicate name of documents) | <input type="checkbox"/> COPY PROVIDED |

VIII. DECLARATION

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, 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 that the foregoing statements are true and correct to the best of my knowledge and belief.

Date: _____

Signature: _____