



**SAN MATEO COUNTY DISTRICT ATTORNEY'S OFFICE
COMPLAINT – CRIMINAL INVESTIGATION REQUEST**

PLEASE PRINT OR TYPE AND FILL OUT COMPLETELY AND IN DETAIL

YOUR NAME: *(Print or Type)* _____ email address _____

HOME ADDRESS: _____

CITY: _____

BUSINESS ADDRESS: _____

CITY: _____ CELL PHONE _____

HOME PHONE: _____ BUSINESS PHONE: _____

=====

NAME OF PARTY(S) COMPLAINED ABOUT (PERSON/COMPANY)

_____ email address _____

ADDRESS: _____

CITY: _____ CELL PHONE _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE AND LOCATION OF INCIDENT/EVENT: _____

HAVE YOU CONTACTED A PRIVATE ATTORNEY? YES ____ NO ____ IF YES, NAME, ADDRESS AND PHONE NUMBER

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NAMES AND PHONE NUMBERS OF CONTACTS/WITNESSES CONNECTED WITH PERSON/COMPANY

