



MADERA COUNTY GRAND JURY

P.O. Box 534
Madera, CA 93639

Complaint Form

ALL COMMUNICATIONS TO THE GRAND JURY ARE CONFIDENTIAL

The Civil Grand Jury of Madera County encourages residents to report concerns relating to local and county government and the conduct of public officials.

Name _____ Date _____
Address _____
Phone Number _____ Email _____
Subject of the complaint _____

In the space below, identify the County or City government entity, school, or special district that is the subject of this complaint and a brief summary of the concern. _____

Each complaint will be acknowledged by letter or email once it is received. After reviewing the complaint, the Grand Jury will determine if further investigation is warranted. The complainant may be contacted for additional information or clarification.

By signing below, I certify that under penalty of perjury, that the statements contained in this document are true and accurate to the best of my knowledge.

Signature _____ Date _____

Mail to P.O.Box 534 Madera, CA 93639

Grand Jury Use Only

Date received: _____ Date of acknowledgment letter sent _____
Within Jurisdiction Yes ___ No ___ Committee assigned _____
Date assigned _____ Summary of action taken _____
