



**OFFICE OF THE DISTRICT ATTORNEY  
YOLO COUNTY  
FRAUD COMPLAINT FORM**

JEFF REISIG  
DISTRICT ATTORNEY

PLEASE PRINT LEGIBLY

**I. COMPLAINANT (Person Filing Complaint)**

LAST NAME	FIRST NAME	INITIAL	OCCUPATION
STREET ADDRESS OR P.O. BOX		DRIVERS LICENSE OR IDENTIFICATION NUMBER	
CITY	STATE	ZIP CODE	
DAY TELEPHONE NUMBER	E-MAIL		

**II. BUSINESS/SUSPECT COMPLAINT IS AGAINST**

INDIVIDUAL NAME OR BUSINESS	DOB (AGE)	
STREET ADDRESS OR P.O. BOX	APT. NO.	TELEPHONE NUMBER
CITY	STATE	ZIP CODE

**III. TRANSACTION INFORMATION (If Applicable)**

DATE OF OCCURRENCE	LOCATION OF OCCURANCE	
IDENTIFY THE TYPE OF TRANSACTION PERTAINING TO YOUR COMPLAINT		
NATURE OF COMPLAINT		
NAME, ADDRESS AND PHONE NUMBER OF WITNESS, IF ANY:		
NAME, ADDRESS AND PHONE NUMBER OF OTHER VICTIMS, IF KNOWN:		
LIST OF OTHER AGENCIES YOU MAY HAVE CONTACTED		
HAVE YOU CONTACTED A PRIVATE ATTORNEY? IF YES, WHO? <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY CIVIL LAWSUITS PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY JUDGEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No

**IV. COMPLAINT**

Briefly explain the facts upon which you are basing your complaint (how, when, and why you believe you are a victim of a crime), including first contact with suspect, individual or business and anything said or represented which later proved to be untrue. **Additional pages may be attached for further remarks.**

**V. DECLARATION**

Date and sign below: I declare, by penalty of perjury under the laws of the State of California, that the forgoing is true and correct to the best of my knowledge and that this declaration was executed at:

\_\_\_\_\_ on \_\_\_\_\_  
(Date) (City/State)

\_\_\_\_\_  
(Signature)

**WARNING: Filing a false report is a crime pursuant to Penal Code 148.5(a)**

- A. Every attempt will be made by the Fraud Unit to address your concerns.
- B. In an effort to thoroughly vet and investigate a complaint, a representative of the Fraud Unit may contact you for further information or to clarify the complaint.
- C. It is the intent of the Fraud Unit to seek the truth; protect the innocent; and hold the guilty accountable. For Civil matters, we encourage you to consult private counsel who may assert your individual private rights.

**VI. MAILING/DELIVERY INSTRUCTIONS: Yolo County District Attorney: Fraud Unit, 301 Second Street, Woodland, CA 95695**

To help explain the details of your complaint, **YOU MUST SUPPLY DOCUMENTS RELATED TO YOUR COMPLAINT.**

- PLEASE DO NOT SEND ORIGINAL DOCUMENTS -

**24 HOUR FRAUD HOTLINE: 1-855-4YOLODA (1-855-496-5632)**