

DO NOT FILL IN:

File No. \_\_\_\_\_  
Subject \_\_\_\_\_

Ref. \_\_\_\_\_  
\_\_\_\_\_

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE

CONSTITUTIONAL RIGHTS SECTION

600 State Building, Los Angeles 12

INFORMATION FORM

Note:

All information will be treated as CONFIDENTIAL! Please answer fully - type or print your replies! No action will be taken until this form is completed and returned to Constitutional Rights Section, Department of Justice, at the above address.

\_\_\_\_\_  
Name(s), address(es) and  
telephone(s) of person(s)  
whom you believe has (have)  
been or is (are) about to  
be wronged.

*Jay Frank*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of incident

\_\_\_\_\_

Time(s) of incident

\_\_\_\_\_

Place(s) of incident

\_\_\_\_\_

\_\_\_\_\_

Name(s) and address(es) of  
person(s) doing or threaten-  
ing wrong, if known. (If  
name(s) unknown, describe to  
best of your ability).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s), address(es) and  
phone(s) of others who have  
information about this matter.

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Describe below, in as much detail as possible, exactly what  
happened or is about to happen. State everything you know  
about the situation whether you think it is important or not.  
Use the back of this sheet if necessary.



Has this matter been brought to the attention of any other State or local official? \_\_\_\_\_. If so, please complete the following:

Name of official designation of person contacted \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Action taken or promised, if any \_\_\_\_\_

What action, if any, are you requesting from this office? \_\_\_\_\_

Name of person making complaint \_\_\_\_\_ Age \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Address \_\_\_\_\_  
(Please print)

Telephone \_\_\_\_\_

Date \_\_\_\_\_