

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.

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 _____