

Office of the District Attorney

County of San Bernardino

REAL ESTATE FRAUD

COMPLAINT FORM

PLEASE PRINT OR TYPE (If any section of this form is not legible, it may cause a delay in processing your complaint.)

1 Your full name (Identifies you as the complainant)		2 Residence address (street/city/state/ zip)		4 Residence phone no. Call blocking? yes ___ no ___	
		3. Primary Language:		5 Cell no.	
7 Occupation	8 Date of birth Male ___ Female ___	9 Business address (street/city/state/zip)		6 Business phone no.	
				10 Social security no.	
				11 Driver's license no.	
12 Were you referred to us? Yes ___ No ___ If yes, by whom & when? _____ _____ _____		13 Have you ever filed a complaint with us before? Yes ___ No ___ If yes, who did you file against and when? _____ _____ _____		14 If yes to # 13, please provide the case no. _____ _____ _____	
15 Address of the real property in question (include parcel no. if known): _____ _____ _____				16 Approximate dollar amount involved (loss):	17 Does the property or loan involve HUD? Yes ___ No ___
18 I declare I have a complaint against: (full name of person, then their business, company, or firm affiliation)		19 Address (residential & business, if known):		20 Residential, business or cell phone number:	
a) _____ _____ _____ b) _____ _____ _____ c) _____ _____ _____		a) _____ _____ _____ b) _____ _____ _____ c) _____ _____ _____		a) _____ _____ _____ b) _____ _____ _____ c) _____ _____ _____	
21 Full name of notary (if involved and not listed above):		22 Notary employed by:	23 Employer's address:	24 Employer's phone no.:	

**YOU MUST SIGN AND DATE PAGE 6 OF YOUR COMPLETED FORM
WHETHER OR NOT YOU HAVE ADDITIONAL STATEMENT PAGES ATTACHED**

<p>25 Drivers' license no. of person(s) you are filing against (if known):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>26 Birthdate(s):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>27 Social Security no(s):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p>28 AKAs (if known):</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
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29 Personal descriptions of those involved (list name, race, sex, age [or approximate age if birthdate is not listed in box # 26], height, weight, color of eyes & hair, tattoos, scars and any other descriptive information)

30 Do you suspect a forgery has been committed? Yes ___ No ___ Identity Theft? Yes ___ No ___

31 Are you complaining about a mechanics lien? Yes ___ No ___

<p>32 How and when did you first become aware of the alleged fraud?</p>	<p>33 Date and place where the transaction(s) occurred:</p>
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34 Have you had a previous business or personal relationship with the person/firm or any of its partners, officers, directors or controlling person? Yes ___ No ___ Business ___ Personal ___ Former employee ___ How Long? ___

35 If yes to # 34, please write the exact name or entity, and very briefly explain the relationship. Provide dates if you can.

36 Have you contacted the business or person regarding your complaint? Yes ___ No ___

37 If Yes, person(s) contacted and date(s) contacted:

- _____ Date(s) _____
- _____ Date(s) _____
- _____ Date(s) _____
- _____ Date(s) _____
- _____ Date(s) _____

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38 Results of contact:

39 If your complaint involves a real estate loan or transaction, please provide the loan/escrow/title/transaction document number along with the name and address of the lender, escrow, or title company.

40 Have you filed a complaint with another law enforcement or consumer protection agency? Yes___ No___
If Yes, provide the name and address of the agency, phone number, report number, and the name and title of the person handling the complaint.

41 Do you already have a civil or criminal case filed? Yes ___ No ___ If yes, please provide the attorney's name, business address, phone number, case no., type of case (such as, small claims), and the court jurisdiction. Please provide any results of the case and attach any court documents.

42 Is there a family/child/sibling dispute with regard to a Guardianship or Power of Attorney? Yes___ No___
If yes, provide the name(s) and relation, and attach a **COPY** of the Guardianship or POA documents.

43 Are you willing to appear as a sworn witness to testify and be cross-examined regarding the allegations made in this complaint? Yes___ No___ If no, briefly state the reason:

44 List names, addresses and phone numbers of other individuals who may have further knowledge of this matter.

Name	Contact?	Address and phone
• _____	Yes___ No___	_____
• _____	Yes___ No___	_____
• _____	Yes___ No___	_____
• _____	Yes___ No___	_____
• _____	Yes___ No___	_____

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If you request that we 'not' contact, please briefly state the reason why:

45 Provide **COPIES** only (**no originals**) of any document(s) you have to support your complaint. For example, if you suspect a forgery, provide the document(s) containing the alleged forgery. Provide any other documents in support of your complaint.

Supporting documents attached? Yes ___ No ___

46 In a brief statement tell us the full story beginning with the date of first contact. Keep dates of events in sequential order and include any misrepresentations made by the person(s) you're complaining about. Please include only the facts and details about how the alleged fraud occurred. Please be concise.

NOTE: Write the full names of individuals, including all witnesses present during the transaction(s). Be factual and detailed. Try to answer the questions: Who? What? When? Where? Why? and How? Attach additional sheets if you need more space. If attaching additional sheets, please put your name and the REF number, if given, at the top of all additional pages. (The REF number is located on the front page, top-right, of this complaint form.) If no REF number is listed, please put your name on the top right corner of all additional sheets.

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Did you authorize another individual to complete or assist you in completing this form?

Yes

No

If yes:

Name of individual that assisted/completed this form: _____

Contact Information: Address: _____

Phone No: _____

What is that individuals relationship to you: _____

NOTE: Section 148.5(a) of the California Penal Code states:

“Every person who reports to any peace officer listed in Section 830.1 or 830.2, or subdivision (a) of Section 830.33, district attorney, or deputy district attorney that a felony or misdemeanor has been committed, knowing the report to be false, is guilty of a misdemeanor.”

I declare under penalty of perjury, under the laws of the State of California, that the foregoing statements and photocopies of attached documents are true and correct.

Date _____

Signature of Complainant

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