

## **Opioid Trafficking and Overprescribing Complaint Form**

Mail to: Los Angeles County District Attorney's Office Bureau of Investigation 211 West Temple Street, Suite 300 Los Angeles, CA 90012

Your Information [Section 1]						
Name (Last, First, Middle):						
Address (Number, Street, City, State, ZIP Code):						
Phone (Home):	Phone (Busi	ness):	Phone (Alternate):			
Email Address:						
Complaint Filed Against [Section 2]						
Name of Individual or Company:						
Business Address (Number, Street, City, State, ZIP Code):						
Phone (Business):		Phone (Alternate):				
Email Address:						
Website Address:						
Summary of Compla	int [Section 3]					
Please list what happened, where it happened, who is responsible and any potential witnesses. Attach copies of all relevant documents, photographs, prescriptions and any other pertinent information. Please retain all original documentary evidence for your records.						

[Section 4]				
Name of First Witness:				
Home Address of First Witness	(Number, Street, City, State, ZIP Code):			
Phone (Home):	Phone (Alternate):			
Email Address:				
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[Section 5]  Name of Second Witness:				
Name of Second Witness.				
Home Address of Second Witness (Number, Street, City, State, ZIP Code):				
Phone (Home):	Phone (Alternate):			
Email Address:				
[Section 6]				
Name of Third Witness:				
Home Address of Third Witnes	s (Number, Street, City, State, ZIP Code):			
Phone (Home):	Phone (Alternate):			
Email Address:				
[Section 7]				
Name of Fourth Witness:				
Home Address of Fourth Witne	ss (Number, Street, City, State, ZIP Code):			
Phone (Home):	Phone (Alternate):			
Email Address:				

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Have you filed a complaint with another agency?	No Yes (Complete the following)
Name of Agency:	
Date of Complaint:	Case File Number:
Date of Complaint.	Odse i lie ivalliber.
Status/Results:	
Other Agencies Contacted:	
[Section 9]	
Have you contacted an attorney? No	Yes (Complete the following)
Name of Attorney:	
Business Address (Number, Street, City, State, Z	IP Code):
Phone (Business):	Phone (Alternate):
Email Address:	
Status/Results:	
[Section 10]  Note – California Penal Code Section 148.5(a) Sta	ites:
Every person who reports to any peace officer lists Section 830.33, the Attorney General, or a deputy	
I declare under the penalty of perjury under the statements and attached documentary evidence	e laws of the State of California that the foregoing e is true and correct.
Date: Sig	gnature of Complainant: