



# White-Collar Crime Complaint Form

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

## 1. YOUR INFORMATION

Name:	[Redacted]			
Address:	[Redacted]			
Phone (primary):	[Redacted]	Phone (alternate):	[Redacted]	
Email:	[Redacted]			
Are you a victim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a witness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. COMPLAINT FILED AGAINST

Name of business and/or individual:	[Redacted]			
Address:	[Redacted]			
Phone (primary):	[Redacted]	Phone (alternate):	[Redacted]	
Email:	[Redacted]			

## 3. TYPE OF FRAUDULENT ACTIVITY – (Please check all that apply and fill in the blank, where appropriate)

<input type="checkbox"/> a. Embezzlement by (Partner, employee, accountant or other fiduciary)	[Redacted]
<input type="checkbox"/> b. Investment Fraud (Type of Fraud)	[Redacted]
<input type="checkbox"/> c. Securities Fraud	[Redacted]
<input type="checkbox"/> d. Theft of Public Funds	[Redacted]
<input type="checkbox"/> e. Probate/Will/Inheritance	[Redacted]
<input type="checkbox"/> Other (please explain)	[Redacted]

**4. SUMMARY OF COMPLAINT**

Date of first transaction/agreement: [REDACTED]

Date of last transaction/agreement: [REDACTED]

Place where first transaction/alleged crime occurred (address, city, state):  
[REDACTED]

Date alleged crime was discovered: [REDACTED] Amount stolen: [REDACTED]

**5. OTHER LAW ENFORCEMENT OR CONSUMER PROTECTION AGENCIES**

Have you filed your complaint with another law enforcement or consumer protection agency?  
 Yes  No

If yes, please provide the name, address and phone number of agency, the person handling the case and disposition with that agency:  
[REDACTED]

**6. CIVIL ACTION**

Is there a civil action (lawsuit) in any court in this matter?  
 Yes  No

If yes, please provide copies of court documents, the date of filing, case number and disposition of the court case:  
[REDACTED]

**7. RELATIONSHIP WITH THE SUSPECT(S)**

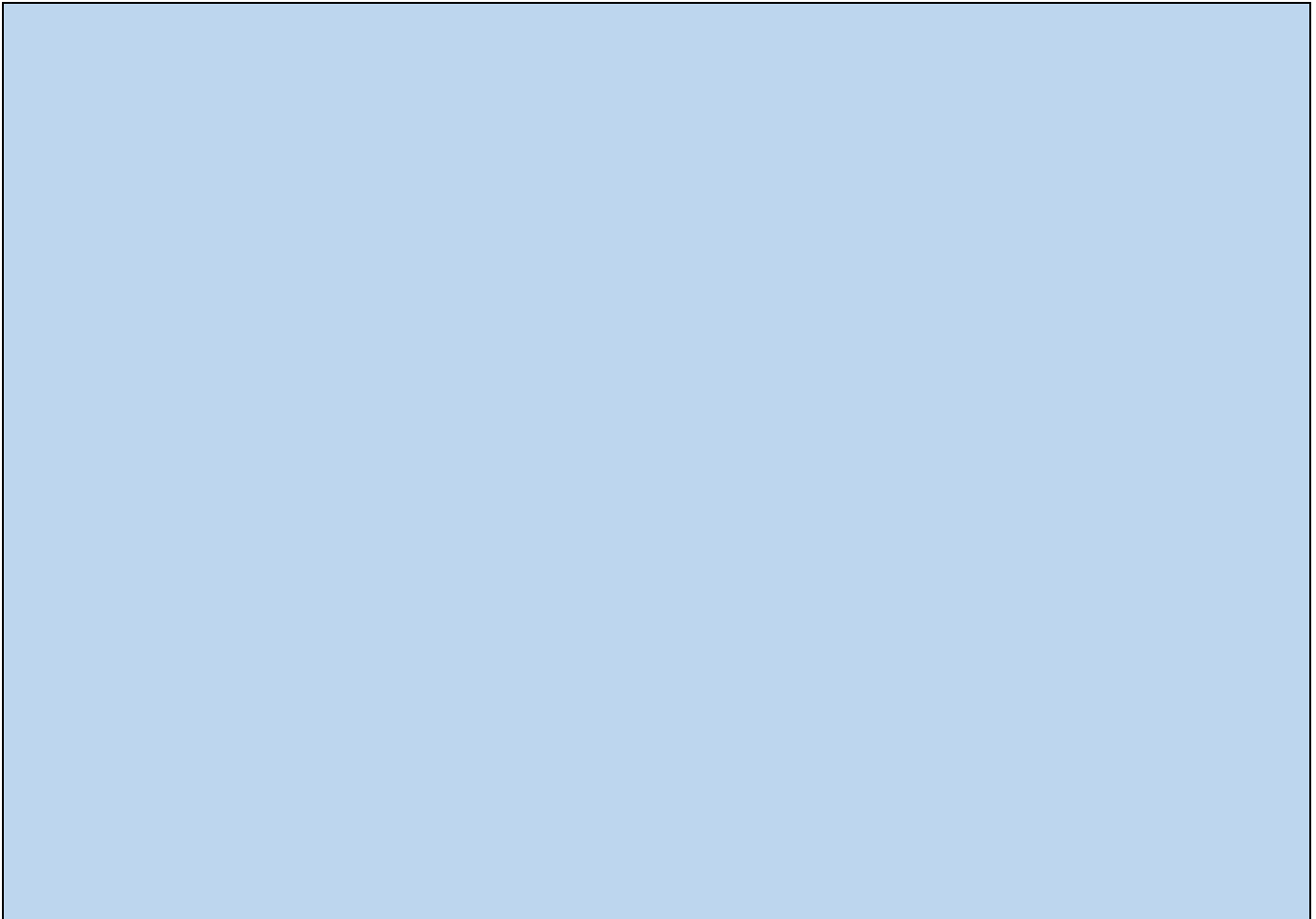
Have you had a previous business or personal relationship with the suspect(s)  
 Yes  No

If yes, indicate the nature of the relationship, the duration and with whom:  
[REDACTED]

**7. WRITTEN STATEMENT**

In a brief statement, explain what occurred. Be factual. Please include the dates and locations where the crimes occurred. The names, addresses, and telephone numbers of other individuals who were present during the transaction(s) or have further knowledge of this matter. Please submit all documentation that supports the allegations made herein. **Provide copies only.** Examples of supporting documentation could be copies of contracts or agreements, cancelled checks, employee job duties, invoices, accounts payable, accounts receivable, correspondence (letters, emails, faxes, text messages), and/or any other documentation related to your complaint not previously mentioned.

**PLEASE retain the original evidence for your records.**



Note – California Penal Code Section 148.5(a) states:

Every person who reports to any peace officer listed in Section 830.1 or 830.2, or subdivision (a) of Section 830.33, the Attorney General, or a deputy attorney general, or a district attorney, or a 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 the penalty of perjury under the laws of the State of California that the foregoing statements and attached documentary evidence are true and correct.**

**Signature of Complainant** \_\_\_\_\_

**Date** \_\_\_\_\_