

## COMPLAINT FORM

To file a complaint against a licensed professional fiduciary subject to the licensing laws of the Professional Fiduciaries Act (Act) or against an unlicensed person, acting as a professional fiduciary subject to the Act, please fill out and submit the form to the Professional Fiduciaries Bureau (Bureau) at the address or fax above. For information regarding the complaint process and providing your personal information on the form please see document, [Filing a Complaint Against a Professional Fiduciary](#). For information regarding other possible relevant government agencies to contact, see document, [Referrals to Other Agencies for Complaints Against Fiduciaries](#). You may access these documents on the Bureau website or contact the Bureau to request copies.

**(Please type or write legibly in ink)**

COMPLAINT REGISTERED AGAINST			
NAME (FIRST, LAST)		BUSINESS AFFILIATION	
ADDRESS Number and Street			TELEPHONE NUMBER
City	State	Zip Code	E-MAIL ADDRESS
<b>NOTE: LEAVE PERSONAL INFORMATION SECTION BLANK IF YOU WISH TO FILE THE COMPLAINT ANONYMOUSLY. HOWEVER, IF YOU LEAVE THIS SECTION BLANK THE BUREAU MAY NOT BE ABLE TO CONTACT YOU OR HELP RESOLVE YOUR COMPLAINT.</b>			
PERSON FILING COMPLAINT			
NAME (FIRST, LAST)			
ADDRESS Number and Street			TELEPHONE NUMBER
City	State	Zip Code	E-MAIL ADDRESS
DATE(S) OF INCIDENT(S)		BUSINESS PHONE	HOME TELEPHONE
DETAILS OF COMPLAINT			
<input type="checkbox"/> <b>Consumer Harmed by Fiduciary Action</b>			
<b>1. IN DETAIL, DESCRIBE YOUR COMPLAINT:</b>			

**DETAILS OF COMPLAINT (continued)**

**1. LIST OTHER PEOPLE SUCH AS FAMILY MEMBERS, FRIENDS, STAFF OR OTHER PROFESSIONALS INVOLVED IN THIS MATTER, AND THEIR RELATIONSHIP TO YOU:**

NAME	RELATIONSHIP TO YOU
NAME	RELATIONSHIP TO YOU
NAME	RELATIONSHIP TO YOU

**2. LIST ALL ATTORNEYS INVOLVED IN THIS MATTER AND WHO THEY REPRESENT, INCLUDING ANY ATTORNEY WHO REPRESENTS YOU:**

ATTORNEY NAME	PARTY REPRESENTING
ATTORNEY NAME	PARTY REPRESENTING
ATTORNEY NAME	PARTY REPRESENTING

**3. HAS A LEGAL ACTION BEEN FILED WITH THE COURTS, OR DO YOU INTEND TO FILE A LEGAL ACTION, AGAINST THE LICENSEE IN THIS MATTER?     YES     NO**

**IF YES, PROVIDE DETAILS, INCLUDING TYPE OF LEGAL ACTION PURSUING:**


**4. IS THERE A PENDING COURT CASE?     YES     NO**

**IF YES, PROVIDE THE FOLLOWING INFORMATION:**

CASE NAME	CASE NUMBER
COURT LOCATION	DATE FILED
PARTIES INVOLVED	

**5. HAS A COURT ISSUED A FINDING AND ORDER IN THIS MATTER?     YES     NO**

**IF YES, PROVIDE THE FOLLOWING INFORMATION:**

CASE NAME	CASE NUMBER
COURT LOCATION	DATE RESOLVED
OUTCOME	

**6. DO YOU INTEND TO FILE A COMPLAINT, OR HAVE YOU FILED A COMPLAINT WITH ANY OTHER ENTITY REGARDING THIS MATTER?     YES     NO**

**IF YES, PROVIDE THE FOLLOWING INFORMATION:**

NAME OF ENTITY	
CONTACT PERSON	DATE COMPLAINT FILED
STATUS OF COMPLAINT	
NAME OF ENTITY	
CONTACT PERSON	DATE COMPLAINT FILED
STATUS OF COMPLAINT	

**DETAILS OF COMPLAINT (continued)**

**7. HAVE YOU OR YOUR LAWYER SPOKEN WITH THE LICENSEE OR THE LICENSEE'S LAWYER REGARDING THIS MATTER?**     YES     NO

**IF YES, PLEASE LIST BELOW, PARTIES, DATES AND NATURE OF THE COMMUNICATION:**

PARTIES INVOLVED IN COMMUNICATION	NATURE OF COMMUNICATION	DATE OF COMMUNICATION

**8. PLEASE IDENTIFY ANYONE WHO HAS HELPED YOU FILL OUT THIS FORM:**

NAME	RELATIONSHIP	TELEPHONE NUMBER

**9. IS THERE ANY OTHER INFORMATION THAT YOU WOULD LIKE TO PROVIDE THE BUREAU TO ASSIST WITH THE INVESTIGATION INTO THIS MATTER?**

**10. WHAT DO YOU WANT THE BUREAU TO DO FOR YOU TO RESOLVE YOUR COMPLAINT? PLEASE BE AS SPECIFIC AS POSSIBLE AND INCLUDE DATES IF YOU CAN.**

**ATTACH ADDITIONAL SHEETS AS NEEDED. YOU MAY INCLUDE COPIES OF ANY COURT FINDINGS AND ORDERS AND ANY OTHER DOCUMENTS YOU WOULD LIKE TO REGISTER WITH THIS COMPLAINT.**

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR AGENCY USE ONLY**

**REFERRED TO:**

- APS   
 Ombudsman   
 District Attorney   
 Law Enforcement   
 Courts  
 Bureau of Medi-Cal Fraud and Elder Abuse   
 Other (Specify) \_\_\_\_\_

**INTERNAL USE ONLY:** Date Complaint Received \_\_\_\_\_     Jurisdictional     Non-Jurisdictional

Person Assigned to: \_\_\_\_\_

Agency Referred to: \_\_\_\_\_    Date Referred to: \_\_\_\_\_

Agency Referred to: \_\_\_\_\_    Date Referred to: \_\_\_\_\_