



# OFFICE OF THE DISTRICT ATTORNEY

## Major Fraud Complaint Form

**Santa Clara County**  
**Office of the District Attorney**  
**Major Fraud Unit**  
 70 West Hedding Street, West Wing  
 San Jose, CA 95110  
 Phone: 408-792-2974  
 Fax: 408-279-8742  
 Email: [majorfraud@dao.sccgov.org](mailto:majorfraud@dao.sccgov.org)

|                                       |
|---------------------------------------|
| For Office Use Only:<br><br>MF- _____ |
|---------------------------------------|

\* Indicates a required field

| Your Information   |   |  |                          |
|--|---|--|--------------------------|
| First Name*  | Last Name*                                    | MI   | Date of Birth*           |
| Mailing Address*   |   |  |                          |
| City*  | State*  | Zip Code*  | CA Driver's License No.* |
| Daytime Phone Number*  | Alternate Phone Number                        |  | Cell Phone Number        |
| Preferred Language to Communicate*   |   | E-mail Address*  |                          |
| Information about the Business or Person(s) this Complaint is about                |   |  |                          |
| Suspect or Business Name*  |   | Other Suspect's Names  |                          |
| Primary Suspect's Address  |   |  |                          |
| City   | State   | Zip Code   | Suspect's Website:       |
| Suspect's Phone Number:  |   | Suspect's Fax Number:  |                          |
| If known, Suspect's Date of Birth:   |   | Suspect's E-mail Address:  |                          |
| Complaint Information  |   |  |                          |
| Date(s) incident happened  |   | Where did the incident happen? (City)*   |                          |
| Summarize what happened that you believe is illegal (i.e., how you were defrauded) |   |  |                          |
| When did you discover the crime?*  | What is the dollar amount of your loss?<br>\$ | If your loss was paid to the suspect, how did you pay?<br><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card<br><input type="checkbox"/> Other: _____ |                          |

