



# Professional Fiduciaries Bureau

1625 North Market Blvd., Suite S-209  
 Sacramento, CA 95834

P (916) 574-7340 | F (916) 574-8645 | www.fiduciary.ca.gov



## COMPLAINT FORM

The enforcement jurisdiction of the Professional Fiduciaries Bureau applies only to professional fiduciaries subject to licensure under the Professional Fiduciaries Act. If the Bureau determines violations of the statutes and regulations related to the practice of professional fiduciaries have occurred, the Bureau has the authority to bring forth enforcement and/or disciplinary actions against a license. The Bureau does not remove or appoint individuals, enforce provisions of legal documents, or intervene with the administration of estates or trusts. If you are faced with a threat of imminent danger, please contact your local law enforcement agency immediately.

Provide as much detailed information as possible in your complaint, including supporting documents, to assist with the investigation. Attach additional sheets as needed. Only submit copies of records to the Bureau, not original documents. The Bureau will not return records you provide.

You are not required to provide personal information to file a complaint. If you do not wish to provide personal information, including your contact information, you may remain anonymous, however, the Bureau may not be able to contact you.

### COMPLAINT FILED AGAINST

<b>Last Name:</b>		<b>First Name:</b>		<b>License # (if applicable):</b>	
<b>Address (Number and Street):</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>				<b>Telephone Number:</b>	
<b>Business Name:</b>					

### PERSON FILING COMPLAINT

<b>Last Name:</b>		<b>First Name:</b>		<b>Telephone Number:</b>	
<b>Address (Number and Street):</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>					

**What is your involvement or role in the matter (i.e., beneficiary, conservatee, client, family friend, attorney, etc.)?**


<b>Have you filed a complaint against this person with the Bureau before?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>Past Complaint # (if known):</b>	
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### DETAILS OF COMPLAINT

**CASE TYPE:** Check all that apply. If this complaint involves more than one client per case type, provide the information on a separate document.

Trust	<b>Trust Name:</b>				
	Is this a court supervised trust? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If court supervised, provide the following:				
	<b>Court Location:</b>			<b>Case Number:</b>	
Conservatorship—Estate	<b>Name of Conservatee:</b>				
	<b>Court Location:</b>				
Conservatorship—Person	<b>Case Number:</b>				



<b>Has the court issued a finding and order in this matter?</b> YES      NO	
If yes, provide a copy of the court findings and orders and provide the following information:	
<b>Outcome:</b>	
<b>Provide any other information you believe is relevant to assist the Bureau with the investigation into this matter. (Attach additional pages as needed.)</b>	
<b>Do you intend to file, or have you filed, a complaint with any other entity regarding this matter?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide the following information:	
<b>Name of Entity:</b>	
<b>Contact Person:</b>	<b>Date Filed:</b>
<b>Contact Person's Email:</b>	<b>Contact Person's Phone #:</b>
<b>Status of Complaint:</b>	
I hereby certify under penalty of perjury under the laws of the state of California to the truth and accuracy of all statements, answers, and representations made in this complaint.	
<b>SIGNATURE OF COMPLAINANT:</b>	<b>DATE:</b>

**Submit complaint form to the Bureau by:**

**Email:**  
[fiduciary@dca.ca.gov](mailto:fiduciary@dca.ca.gov)

**Fax:**  
(916) 574-8645

**Mail:**  
1625 North Market Blvd., Suite S-209  
Sacramento, CA 95834