



**WEAPONS SCREENING
INCIDENT/COMPLAINT FORM**

PERSON MAKING THE COMPLAINT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. Day: (____) _____ Evening: (____) _____

Email: _____

PLEASE DETAIL YOUR COMPLAINT BELOW: (Please specify what occurred, who was involved, and the identity of any witnesses and their contact information.)

Indicate where the incident took place:

- | | |
|---|---|
| <input type="checkbox"/> Anacapa Courthouse – Santa Barbara Street entrance | <input type="checkbox"/> Santa Maria Building G |
| <input type="checkbox"/> Anacapa Courthouse – Anacapa Street entrance | <input type="checkbox"/> Santa Maria Juvenile |
| <input type="checkbox"/> Figueroa Courthouse | <input type="checkbox"/> Lompoc |

Date and time of event: _____

Complaint:

Submit the completed form via email to ctadmin@sbcourts.org or by mail to Court Administration, 1100 Anacapa Street, Santa Barbara, CA 93101. Court Administration will review your complaint and respond via email or mail.