

Superior Court of California  
County of Santa Barbara  
Weapons Screening Incident/Complaint Form



<b>Division (Check one)</b>	<input type="checkbox"/> Anacapa Historic Courthouse	<input type="checkbox"/> Figueroa
	<input type="checkbox"/> Jury Building Dept. 14	<input type="checkbox"/> Santa Barbara Juvenile
	<input type="checkbox"/> Santa Maria Building G	<input type="checkbox"/> Santa Maria Juvenile
	<input type="checkbox"/> Lompoc	
	<input type="checkbox"/> Other, please specify _____	

Date of event: Time of event:	Name:
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Phone No.:	e-mail:
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Describe in details and accurately the nature of your complaint:

(use reverse if more space is required)

Give the name of the person to whom you first reported the complaint:

When completed please email this form to [ctadmin@sbcourts.org](mailto:ctadmin@sbcourts.org)