



**BUREAU OF CRIMINAL IDENTIFICATION
AND INFORMATION**
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS

I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Identification and Information, and wish to take exception to its accuracy and/or completeness.

NAME: _____
 LAST NAME FIRST NAME MIDDLE NAME

CII NUMBER: _____ DATE _____

Complete a statement for each error or inaccuracy claimed. Use additional paper if necessary. Attach copies of any proof or corroboration available.

SIGNATURE

Return this form to the attention of the Record Review Unit at the California Department of Justice, Bureau of Criminal Identification and Information, P.O. Box 903417, Sacramento, CA 94203-4170.