

Sheriff: \_\_\_\_\_  
\_\_\_\_\_ County  
\_\_\_\_\_ State

**Formal Complaint of:  
Constructive Fraud,  
Wanton and reckless endangerment,  
Unjust Enrichment.**

The undersigned, an American Citizen living in the above County, brings this complaint in good faith, to the highest Law Enforcement Officer in said County who is charged with maintaining the public peace, health, and safety.

The undersigned attests that during the approximate period of

\_\_\_\_\_ to \_\_\_\_\_, a  
medical doctor licensed by the State of \_\_\_\_\_, by the name of  
\_\_\_\_\_ M.D., who practices medicine at

\_\_\_\_\_ did prescribe drugs of one or more of the following classes:  
Neuroleptic, Antidepressant, Antipsychotic, or Narcotic, \_\_\_\_\_

At no time during the above stated period did the above M.D. ever advise me of any adverse drug reactions, adverse drug interactions, or the history of "reported" fatalities. Said M.D. , by his silence, when he had a duty to speak, deprived me of informed consent to medical experimentation, in collusion with the pharmaceutical company manufacturers of said drugs and the Federal Food and Drug Administration. This appears to be standard practice in the Medical/Pharmaceutical industry. As such, this practice rises from mere fraud to violations of Racketeer Influenced and Corrupt Organizations Act [RICO] criminal statutes: Title 18, United States Code, Sections 1961-1968.

This Complaint warrants your timely investigation and report in the interest of public safety. Thank you in advance for your consideration and attention to this matter.  
Please send your report to:

\_\_\_\_\_, Complainant

Dated: \_\_\_\_\_, 200\_\_

**Certificate of Notary Public**

On this \_\_\_\_ Day of \_\_\_\_\_, 200\_\_ there appeared before me the person whose signature is subscribed above. He/She identified themselves by presenting the customary identification documents, swore his/her oaths and subscribed his/her signature as his/her free and voluntary act.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**"OFFICIAL SEAL"**

\_\_\_\_\_  
Notary Public