

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF ORANGE
401 CIVIC CENTER DRIVE WEST, SUITE 500
SANTA ANA, CA 92701

FILE NO. _____

CONSUMER & ENVIRONMENTAL PROTECTION UNIT

I understand that the Office of the District Attorney is not permitted to take action in order to obtain money owed to me, to help cancel any debt due on a contract I signed, or obtain any other personal relief for me. If the District Attorney determines to file a criminal and/or civic action in this matter, I understand that such action will not result in the obtaining of money or other personal relief for me. I also understand that the filing of this complaint does not prevent me from filing a private lawsuit with or without the aid of a private attorney or seeking a maximum of \$5000 in Small Claims Court. I am filing this complaint with the Office of the District Attorney for the purpose of bringing this matter to their attention for review and any further action they may determine to be appropriate.

(initials)

Please PRINT or TYPE and fill out COMPLETELY and in DETAIL

YOUR NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____
(Street) (City) (Zip Code)

BUSINESS ADDRESS _____
(Street) (City) (Zip Code)

TELEPHONE: HOME _____ BUSINESS _____

NAMES OF PARTY(S) COMPLAINED ABOUT (Person & Firm):

ADDRESS _____
(Street) (City) (Zip Code)

TELEPHONE: _____ SALESPERSON, IF ANY _____

DATE AND LOCATION OF TRANSACTION _____ AMOUNT OF LOSS \$ _____

NAME OF PRODUCT OR SERVICE INVOLVED _____

NAMES OF OTHER PERSONS CONNECTED WITH COMPANY WITH WHOM YOU HAVE BEEN IN CONTACT:

IS ADVERTISEMENT INVOLVED? YES ___ NO ___ If so, please attach copy

OTHER WITNESSES:

(Name) (Address) (Phone No.)

HAVE YOU CONTACTED A PRIVATE ATTORNEY OR ANY OTHER PUBLIC AGENCY? YES ___ NO ___

(Name) (Address) (Phone No.)

MAY THIS COMPLAINT BE SENT TO THE COMPANY COMPLAINED ABOUT? YES ___ NO ___

On the back of this sheet, please explain fully what occurred. Describe events in the order in which they happened. If necessary, use additional sheets of paper and staple them to this form.

PLEASE SIGN ON REVERSE SIDE

