



TORI VERBER SALAZAR
DISTRICT ATTORNEY

**OFFICE OF THE DISTRICT ATTORNEY
SAN JOAQUIN COUNTY**

CONSUMER PROTECTION UNIT
222 E. Weber Avenue, Room 202
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SCOTT A. FICHTNER
ASSISTANT DISTRICT ATTORNEY

KRISTINE M. REED
ASSISTANT DISTRICT ATTORNEY

DAVID J. DERKSEN
CHIEF OF INVESTIGATIONS

CONSUMER COMPLAINT FORM

MY INFO	NAME (LAST, FIRST, MIDDLE):		DATE OF BIRTH:	EMAIL ADDRESS:
	HOME ADDRESS:		BUSINESS ADDRESS:	
	HOME CITY, STATE, ZIP:		BUSINESS CITY, STATE, ZIP:	
	HOME PHONE:	BUSINESS PHONE:	ALTERNATE PHONE:	

(check here)

*I wish to file a complaint against the company/individual named below. I understand that the District Attorney's Consumer Protection Unit is **unable to represent private citizens seeking the return of their money or other personal remedies.***

COMPLAINT FILED AGAINST	NAME OF COMPANY, FIRM OR INDIVIDUAL:	
	BUSINESS ADDRESS:	SALESPERSON NAME (IF ANY):
	CITY, STATE, ZIP:	BUSINESS PHONE:
	TYPE OF BUSINESS OR SERVICE:	

NARRATIVE OF EVENTS

Please describe fully what occurred. Describe the events in the order they happened. If necessary, use additional sheets of paper and submit them with this form. Additionally, please attach **copies** (submitted items will not be returned) of all advertisements, bills, receipts, contracts, warranties, or documents important to this matter.

I understand a copy of this complaint may be mailed to the party complained against unless I state, in writing, why it should not be sent.

SUMMARY OF COMPLAINT

DATE OF TRANSACTION/INCIDENT:	LOCATION OF TRANSACTION/INCIDENT (ADDRESS, CITY, STATE): <input type="checkbox"/> At Business <input type="checkbox"/> VIA Telephone
TOTAL LOSS: \$	NAME OF PRODUCT OR SERVICE INVOLVED:

HAS THERE BEEN AN ATTEMPT TO RESOLVE THE PROBLEM?	<input type="checkbox"/> NO <input type="checkbox"/> YES (Include DETAILS in narrative)
HAS A CONTRACT OR WARRANTY BEEN SIGNED?	<input type="checkbox"/> NO <input type="checkbox"/> YES (Include a copy of the paperwork)

HAVE YOU FILED IN SMALL CLAIMS COURT?		<input type="checkbox"/> NO <input type="checkbox"/> YES (Complete the following)
STATE AND COUNTY WHERE CASE WAS FILED:		STATUS/RESULT
DATE OF FILING:	CASE/FILE NUMBER:	

HAVE YOU CONTACTED AN ATTORNEY		<input type="checkbox"/> NO <input type="checkbox"/> YES (Complete the following)
ATTORNEY NAME:	PHONE NUMBER:	
BUSINESS ADDRESS:	STATUS/RESULT:	
CITY, STATE, ZIP:		

HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY?		<input type="checkbox"/> NO <input type="checkbox"/> YES (Complete the following)
NAME OF AGENCY:		STATUS/RESULT
DATE OF FILING:	CASE/FILE NUMBER:	

LIST ANY ADDITIONAL AGENCIES YOU HAVE CONTACTED:
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DO YOU KNOW OF ANY ADDITIONAL WITNESSES?		<input type="checkbox"/> NO <input type="checkbox"/> YES (Complete the following)
NAME OF FIRST WITNESS:	PHONE NUMBER:	
HOME ADDRESS:	ADDITIONAL ADDRESS:	
CITY, STATE, ZIP:	CITY, STATE, ZIP:	
NAME OF SECOND WITNESS:	PHONE NUMBER:	
HOME ADDRESS:	ADDITIONAL ADDRESS:	
CITY, STATE, ZIP:	CITY, STATE, ZIP:	

I understand that if the District Attorney determines to file a criminal and/or civil action in this matter, **such action may not result in the obtaining of money or other personal relief for me.** I also understand 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 restitution in Small Claims Court. I am filing this complaint with the San Joaquin County District Attorney for the purpose of bringing this matter to their attention for review and any further action they may determine to be appropriate.

The information contained in this complaint is true, correct, and complete to the best of my knowledge.

_____ _____
 SIGNATURE OF COMPLAINANT DATE SIGNED