

CONSUMER COMPLAINT FORM

SONOMA COUNTY DISTRICT ATTORNEY ENVIRONMENTAL & CONSUMER LAW DIVISION

2300 County Center Drive Suite B-170
Santa Rosa, California 95403-3011

Telephone: (707) 565-5317 \$ Facsimile: (707) 565-3499

To sign up to receive District Attorney Consumer Alert Updates visit:
<http://da.sonoma-county.org/content.aspx?sid=1023&id=2585>

NOTICE: The district attorney's office cannot act as your private attorney or give you legal advice. This office will evaluate your complaint for mediation or possible enforcement action. A copy of the complaint may be sent to the other party for their response.

CONSUMER INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

COMPLAINT AGAINST

BUSINESS: _____

NAME OF INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE NUMBER: _____ MANAGER: _____

INFORMATION REGARDING YOUR COMPLAINT

DATE OF TRANSACTION: _____ AMOUNT OF LOSS _____

PAID BY: Cash: _____ Check: _____ Credit Card: _____

DID YOU SIGN A CONTRACT? Yes _____ No _____ Where? _____ Date: _____

WAS PRODUCT ADVERTISED? Yes _____ No _____ Where? _____ Date: _____

HAS THIS MATTER BEEN SUBMITTED TO ANOTHER AGENCY? Yes _____ No _____

IF YES, STATE NAME OF AGENCY AND THEIR RECOMMENDATIONS, IF ANY: _____

WHAT FORM OF RELIEF ARE YOU SEEKING (e.g., exchange, repair, money back, etc.)?
