# Office of the **DISTRICT ATTORNEY**County of Yolo

(Please print or type)



# JEFF REISIG District Attorney

#### **CONSUMER PROTECTION UNIT**

#### **CONSUMER COMPLAINT**

I wish to file a complaint against the company or individual below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing the complaint to notify your office of the activities of this company or individual.

Your Name:			Home Phone:					
Address:		Business Phone:						
			Cell Phone:					
City/State/Zip:								
DOB:	SSN (optional):		License/ID No.:					
Email address:								
(Complaint Filed Against)								
Name of Company, Firm, or Individual:								
Address:								
City/State/Zip:			Bus. Phone					
Salesperson or Representative's Name:								
Name of Product or Service:								
Was Product or Service Advertised? (Attach a copy of advertise			ement)	Yes	No			
Where:			When:					
Was a Contract Signed? Yes No (If yes, attach a copy of the contract)								

## CHECK CAUSES OF COMPLAINT:

1. Advertised item not available	5. Oral Misrepresentation		
2. Defective Merchandise	6. Non-delivery of merchandise		
3. Guarantee of contract not fulfilled	7. Promised adjustment not fulfilled		
4. Misrepresentation of advertisement	8. Unsatisfactory installation or service		
9. Other (Please explain):			
Names, Addresses, and Phone Numbers of Witness	es:		
1			
2			
EXPLAIN FULLY: Described events (who, what, who occurred, if possible. (Use additional sheets, if necessary)			
WOLLD YOU ORIECT TO A COPY OF THIS CO	OMDI AINT DEING CENT TO THE COMPANY		

WOULD YOU OBJECT TO A COPY OF THIS COMPLAINT BEING SENT TO THE COMPANY OR INDIVIDUAL INVOLVED? Yes No (If yes, why?)

WOULD YOU OBJECT INVESTIGATIVE AGES (If yes, why?)		OF THIS CC No	OMPLAINT	BEING	SENT TO	AN
HAVE YOU FILED A C (If yes, whom?)	OMPLAINT WITH A	ANY OTHER	PUBLIC AG	GENCY?	Yes	No
HAVE YOU CONTACT	ED A PRIVATE AT	ΓORNEY?	Yes	No		
ARE ANY LAWSUITS I		MATTER?	Yes	No		
The information contain knowledge.	ned in this complaint	form is true, o	correct and	complete	to the best o	f my
Dated:	Signatu	re:				
Please attach a copy of aremail, mail, or fax.	ny documentation you	may have sup	porting you	complain	t and submit	by

## YOLO COUNTY DISTRICT ATTORNEY

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Phone: 530-666-8180 Fraud Hotline: 1-855-496-5632 Fax: 530-666-8185 Email: fraud@yoloda.org