



Alameda County District Attorney's Office
Consumer, Environmental & Worker Protection Division
7677 Oakport Street, Suite 650, Oakland, CA 94621
Phone: (510) 383-8600 • FAX: (510) 383-8615

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

Your Name: (M) _____
(First) (Middle) (Last)

Home Address: _____
(No. & Street) (City & State) (Zip Code)

Business Address: _____
(No. & Street) (City & State) (Zip Code)

Telephone Number: _____
(Home) (Business)

Complaint Against: _____
(Person, Company or Firm) (Telephone #)

Address: _____
(No. & Street) (City & State) (Zip Code)

Nature of Complaint: _____

Date of Transaction: _____ Place of Transaction: _____

Person Talked to: _____

Name of Product or Service: _____

If Product, State Manufacturer's Name: _____

Was a Contract Signed? Yes No (If Yes, enclose copy)

When? _____ Where? _____
(mm/dd/yy format)

Describe the events in the order they happened. Use reverse side of this sheet or attach additional pages if necessary.

If necessary, continue your discussion here:

Name(s) and Address(es) of Witness(es):

Have you made a complaint to any other government or consumer agency? If so, to which agency: _____

Has a lawsuit been filed in Small Claims Court? Yes No

Has a lawsuit been filed in any other Court: Yes No

When? _____ Where? _____

Have you contacted an attorney? Yes No Name: _____

Do you want this Complaint to be sent to the person or company complained about? Yes No

Please enclose any copies of written documents such as a contract, advertisement, correspondence, cancelled checks, bills received, and receipts that relate to the transaction complained about. Retain the original documents for your files.

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

(Signature)

(Date)