



CONSUMER PROTECTION UNIT  
ORANGE COUNTY DISTRICT ATTORNEY

401 Civic Center Drive West, P.O. Box 808  
Santa Ana, CA 92701  
PHONE: (714) 834-3600

[www.orangecountyda.com](http://www.orangecountyda.com)

**If the District Attorney files a criminal or civil case in this matter, I understand that I may not receive money or other personal relief as a result of this action.** I also understand that filing this complaint does not prevent me from filing a private lawsuit, with or without the aid of a private attorney, or from filing an action in Small Claims Court. I am filing this complaint for the purpose of bringing this matter to the attention of the Orange County District Attorney's Office. The Orange County District Attorney's Office may review this matter and take any action deemed appropriate.

<b>YOUR INFORMATION</b>	NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	E-MAIL ADDRESS:
	HOME ADDRESS (STREET):	BUSINESS ADDRESS (STREET):	
	(CITY, STATE, ZIP CODE):	(CITY, STATE ZIP CODE):	
	PHONE NUMBER (HOME):	PHONE NUMBER (BUSINESS):	PHONE NUMBER (ALTERNATE):

I wish to file a complaint against the company/individual named below. **I understand that the Orange County District Attorney's Office is unable to represent individuals in private lawsuits.**

<b>COMPLAINT FILED AGAINST</b>	NAME OF COMPANY, FIRM, OR INDIVIDUAL:	
	BUSINESS ADDRESS (STREET):	SALESPERSON NAME (IF ANY):
	(CITY, STATE, ZIP CODE):	PHONE NUMBER (BUSINESS):
	TYPE OF BUSINESS OR SERVICE:	WEBSITE:

<b>REASON FOR COMPLAINT</b>	<input type="checkbox"/> ADVERTISED ITEM NOT AVAILABLE	<input type="checkbox"/> UNSATISFACTORY INSTALLATION
	<input type="checkbox"/> SERVICE DEFECTIVE MERCHANDISE	<input type="checkbox"/> VERBAL MISREPRESENTATION
	<input type="checkbox"/> GUARANTEE OF CONTRACT NOT FULFILLED	<input type="checkbox"/> NON-DELIVERY OF MERCHANDISE
	<input type="checkbox"/> MISREPRESENTATION OF ADVERTISEMENT	<input type="checkbox"/> PROMISED ADJUSTMENT NOT FULFILLED
	<input type="checkbox"/> OTHER (describe below):	



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**SUMMARY OF COMPLAINT**

DATE OF TRANSACTION/INCIDENT:		LOCATION OF TRANSACTION/INCIDENT (ADDRESS, CITY, STATE):	
		<input type="checkbox"/> ON-LINE <input type="checkbox"/> AT BUSINESS <input type="checkbox"/> BY TELEPHONE	
TOTAL LOSS \$		NAME OF PRODUCT OR SERVICE INVOLVED	
<b>DID YOU COMPLAIN TO THE COMPANY OR AN INDIVIDUAL?</b>		<input type="checkbox"/> COMPANY <input type="checkbox"/> INDIVIDUAL	
<b>HAS THERE BEEN AN ATTEMPT TO RESOLVE THE PROBLEM?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (INCLUDE <b>DETAILS</b> IN NARRATIVE)	
<b>HAS A CONTRACT OR WARRANTY BEEN SIGNED?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (INCLUDE A COPY OF THE PAPERWORK)	
<b>HAVE YOU FILED A LAWSUIT IN SMALL CLAIMS COURT OR ANY OTHER COURT?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE THE FOLLOWING)	
STATE AND COUNTY WHERE CASE FILED:		STATUS/RESULT:	
DATE OF FILING:	CASE/FILE NUMBER:		
<b>HAVE YOU CONTACTED AN ATTORNEY?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE THE FOLLOWING)	
NAME OF ATTORNEY:		PHONE NUMBER:	
BUSINESS ADDRESS (STREET):		STATUS/RESULT:	
(CITY, STATE ZIP CODE):			
<b>HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE THE FOLLOWING)	
NAME OF AGENCY:		STATUS/RESULT:	
DATE OF COMPLAINT:	CASE/FILE NUMBER:		
IDENTIFY ANY ADDITIONAL AGENCIES THAT YOU CONTACTED:			
<b>DO YOU KNOW OF ANY ADDITIONAL WITNESSES?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE THE FOLLOWING)	
NAME OF FIRST WITNESS:		PHONE NUMBER (HOME, CELL, OR BUSINESS):	
HOME ADDRESS (STREET):		ADDITIONAL ADDRESS (STREET):	
(CITY, STATE ZIP CODE):		CITY, STATE ZIP CODE):	
NAME OF SECOND WITNESS:		PHONE NUMBER (HOME, CELL, OR BUSINESS):	
HOME ADDRESS (STREET):		ADDITIONAL ADDRESS (STREET):	
CITY, STATE ZIP CODE):		(CITY, STATE ZIP CODE):	

