



CONSUMER PROTECTION UNIT  
ORANGE COUNTY DISTRICT ATTORNEY

300 N. Flower St., Santa Ana, CA 92703  
P.O. BOX 808 (92702)  
PHONE: (714) 834-3482

[reportascam@da.ocgov.com](mailto:reportascam@da.ocgov.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
	HOME ADDRESS (STREET)	CITY, STATE, ZIP CODE	
	BUSINESS ADDRESS (STREET)	CITY, STATE, ZIP CODE	
	PHONE NUMBER (HOME)	PHONE NUMBER (BUSINESS)	PHONE NUMBER (CELL)

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)	CITY, STATE, ZIP CODE
	SALESPERSON'S NAME (IF ANY)	PHONE NUMBER (BUSINESS)
	TYPE OF BUSINESS OR SERVICE	WEBSITE

<b>COMPLAINT FILED AGAINST</b>	<input type="checkbox"/> ADVERTISED ITEM NOT AVAILABLE	<input type="checkbox"/> UNSATISFACTORY INSTALLATION
	<input type="checkbox"/> GUARANTEE OF CONTRACT NOT FULFILLED	<input type="checkbox"/> VERBAL MISPRESENTATION
	<input type="checkbox"/> MISREPRESENTATION OF ADVERTISEMENT	<input type="checkbox"/> NON-DELIVERY OF MERCHANDISE
	<input type="checkbox"/> PROMISED ADJUSTMENT NOT FULFILLED	<input type="checkbox"/> OTHER (DESCRIBE IN NARRATIVE)



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**SUMMARY OF COMPLAINT**

DATE OF TRANSACTION	LOCATION OF TRANSACTION/INCIDENT (ADDRESS, CITY, STATE)		
	<input type="checkbox"/> ON-LINE	<input type="checkbox"/> AT BUSINESS	<input type="checkbox"/> BY TELEPHONE
<b>TOTAL LOSS</b>	NAME OF PRODUCT OR SERVICE INVOLVED		
<b>\$</b>			
DID YOU COMPLAINT TO THE COMPANY OR TO AN INDIVIDUAL AT THE COMPANY?			<input type="checkbox"/> COMPANY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NO COMPLAINT MADE
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 A LAWSUIT IN SMALL CLAIMS COURT OR ANY OTHER COURT?			<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		
HAVE YOU CONTACTED AN ATTORNEY?			<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			
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 COMPLAINT	CASE/FILE NUMBER		
IDENTIFY ANY ADDITIONAL AGENCIES THAT YOU CONTACTED			
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, CELL, OR BUSINESS)	
HOME ADDRESS (STREET)		CITY, STATE, ZIP CODE	
ADDITIONAL ADDRESS (STREET)		CITY, STATE, ZIP CODE	
NAME OF SECOND WITNESS		PHONE NUMBER (HOME, CELL, OR BUSINESS)	
HOME ADDRESS (STREET)		CITY, STATE, ZIP CODE	
ADDITIONAL ADDRESS (STREET)		CITY, STATE, ZIP CODE	



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**NARRATIVE OF EVENTS**

PLEASE COMPLETELY DESCRIBE THE EVENTS THAT OCCURRED IN CHRONOLOGICAL ORDER. IF NECESSARY, USE ADDITIONAL SHEETS OF PAPER AND SUBMIT THEM WITH THIS FORM.

**PLEASE ATTACH COPIES OF ALL ADVERTISEMENTS, BILLS, RECEIPTS, CONTRACTS, WARRANTIES, OR ANY OTHER DOCUMENTS THAT PERTAIN TO THIS MATTER. SUBMITTED ITEMS WILL NOT BE RETURNED.**

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

THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE SIGNED

If you are submitting this form with other materials, please attach all supporting documents to your email and send to [reportascam@da.ocgov.com](mailto:reportascam@da.ocgov.com) or mail it to 300 N. Flower St., Santa Ana, CA 92703, P.O. BOX 808 (92702).