



OFFICE OF THE DISTRICT ATTORNEY
SPECIAL PROSECUTIONS
County of Ventura, State of California
5720 Ralston Street, Suite 300
Ventura, CA 93003
(805) 662-1750

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District Attorney

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Special Prosecutions

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CONSUMER COMPLAINT

(Please type or print clearly in dark ink)

Have you complained to the company or individual? You must do so before filing this complaint.

Complainant (Consumer):

YOUR NAME: MR./MS. _____

YOUR ADDRESS: _____

CITY _____ STATE _____ ZIP _____

E-MAIL (Optional): _____

TELEPHONE NUMBER: _____

Home

Other

We must have a **DAYTIME** telephone number.

YOUR AGE:

UNDER 18

18-59

60 or OVER

☐☐☐

Complaint/Dispute Against (Business):

Cost of Product and/or Service (if applicable) _____ Date of Transaction _____

1. NAME OF BUSINESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

2. NAME OF BUSINESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

Date you complained to Company/Individual: _____

Person Contacted _____ By Phone _____ Letter _____ In Person _____

Result of Contact _____

Has there been a Small Claims suit filed? _____ **Hearing Date** _____

Case Number _____ Have you contacted an attorney regarding this matter? _____

Who referred you to our agency? _____

Have you complained to any other agency? _____ Date of complaint: _____

Name of the agency _____

FURTHER INFORMATION (if applicable)

Manufacturer of Product _____

Address of Manufacturer _____

Product Model or Serial Number _____

Product Warranty Expiration Date _____

Consumer Fraud Unit – Special Prosecutions
District Attorney's Office, County of Ventura
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Ventura, California 93003
(805) 662-1750
<http://www.vcdistrictattorney.com>

Describe the events in the order they happened, as concisely as possible: (Attach additional pages if needed)

What resolution are you seeking **or** what offer are you making to resolve this dispute? (e.g., exchange, repair, money back, payment plan, monetary offer, contract cancellation, etc.) If you are asking for a refund, please specify the amount.

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

Please attach to this form photocopies of any papers involved in your dispute, (contracts, warranties, bills received, canceled checks, correspondence, etc). **DO NOT SEND THE ORIGINALS**. If you wish to have a copy of this complaint for your records, you may photocopy it, however, it is very important that you return the signed original form back to us. In order to resolve your complaint, we will send a copy of this form to the business or individual against whom you are complaining.

The information contained in this form is true, correct, and complete to the best of my knowledge.

DATE

SIGNATURE