



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. I further understand that a copy of this complaint may be shared with other law enforcement agencies, including the Consumer Sentinel Network, a fraud database for local, state, federal, and foreign law enforcement partners. I understand that this form constitutes a record of complaint under Government Code section 6254(f).

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

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

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

Telephone Number: _____
(Home) (Business) (Date of Birth)

Are you a dependent adult? Yes ☐ No ☐ Are you completing this form on behalf of an elder or dependent adult? Yes ☐ No ☐

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

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

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? _____

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? Yes ☐ No ☐
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)