



Office of the District Attorney - San Diego County - Economic Crimes Division
P.O. Box 121011, San Diego, CA 92112-9910 - (619)531-3507
CONSUMER COMPLAINT FORM

NOTICE: The legal staff of the District Attorney’s Office is not permitted to engage in the practice of law or to furnish legal advice in private civil matters.

***** READ THIS before you start completing the rest of this form:

If the suspect is licensed and/or supposed to be licensed in the State of California, or if there is a regulatory board for their profession, first contact and file a complaint with the appropriate agency that handles the licensing. The Consumer Resources Guide and Consumer Referral List on our website can assist with directing you to the correct agency. The California Department of Consumer Affairs website also has an index that is very helpful in determining where to go to file the appropriate complaint: https://www.dca.ca.gov/about_us/profession.shtml. If you have already made a complaint to the agency responsible for licensing/ overseeing the profession of the suspect, **STOP** filling out this form and wait for the outcome of their investigation.

Today’s Date: _____

Your Information

Name:	Date of Birth:
Primary Phone:	Alternate Phone:
Address:	
Email:	

Business/ Individual(s) Complaint Filed Against

Name of Business: _____

Name(s) of Individual(s): _____

Phone: _____

Address: _____

Email: _____

Is suspect Licensed in this state (or supposed to be?) _____

List Names of Witnesses or Other Victims

	Name of Victim/ Witness	Phone Number	Victim	Witness
1.				
2.				
3.				
4.				

Complaint Information

How did you first hear of the suspect(s) (TV, newspaper, Internet, telephone call, etc.)?

Date(s) of Occurrence: _____ Location (City, County, State): _____

Amount of Loss & Type of Payment (ex: credit card, check, etc.): _____

Did you sign a contract? If yes, attach a copy. Yes: No:

Did you complain to the company/ individual? Yes: No:

***If yes, include details in complaint summary.

Have you consulted a private attorney? Yes: No:

If yes, attorney's name: _____ Phone: _____

Are civil actions (lawsuits) pending? Yes: No: If yes, Provide Case #: _____

If yes, attach a copy of the complaint.

Have you made a report to a law enforcement agency about this matter? Yes: No:

If yes, provide the agency you contacted, police report number, name and phone number of the police officer, detective, or investigator who took your report and any other investigators who are working on the case (if you have this information).

***Attach a copy of the police report if you have one.

Law Enforcement Agency & Report Number	Name of Police Officer/ Detective/ Investigator	Phone

List other agencies you have contacted and the names and phone numbers of persons with whom you spoke (ex: Attorney General's Office, Federal Trade Commission, U.S Securities and Exchange Commission).

Agency Contacted	Name	Phone

Are you willing to testify in court about this matter? Yes: No:

MAKE SURE YOU SUBMIT ALL OF YOUR SUPPORTING DOCUMENTATION:

- Proof of payment
- Copy of Contract
- Emails or other contacts with suspect
- Copy of Complaint if civil lawsuit is pending
- Copy of Police Report if police report was filed

Summary of Complaint

Briefly explain the facts upon which you are basing your complaint. Describe the events in the order they happened. Please include your first contact with the individual/ business and any false or fraudulent representations that were made to you. Attach additional remarks and copies (no originals) of correspondence and contacts.

Declaration

I declare under the penalty of perjury under the laws of the State of California that the content provided in this form and attached Summary of Complaint is true and correct to the best of my knowledge, and that this declaration was executed at:

City and State: _____

On (Date): _____

_____ Signature