

330 West Broadway  
San Diego, CA 92101  
(619) 531-4040

**OFFICE OF**  
**THE DISTRICT ATTORNEY**  
**COUNTY OF SAN DIEGO**

**SUMMER STEPHAN**  
**DISTRICT ATTORNEY**

**DWAIN D. WOODLEY**  
ASSISTANT DISTRICT ATTORNEY

Dear Sir I Madam:

Enclosed is the form you requested. Please make every effort to complete the form to the best of your knowledge. Attach photocopies only (not originals--save the originals for your file) of any advertisements, receipts, invoices, cancelled checks (front and back), contracts or other documents supporting your complaint. A self-addressed envelope is provided for your convenience to return the information to our office. Make sure you sign and date the form where indicated.

An attorney will review your complaint once it is received, and you will be advised by mail or telephone of the results of that review within four to six weeks. In the meantime, should you change your telephone number or mailing address, please let us know so that we will be able to contact you if necessary.

Due to legal requirements and limited resources, the Economic Crimes Division is not able to fully investigate and/or prosecute every suspect about whom complaints are received. Therefore, you should immediately take whatever private lawful action you deem appropriate to protect or enforce your rights. There are two services which may assist you in pursuing a private remedy:

Small Claims Court Advisor

(858)634-1777

Lawyers Referral Service

(619)231-0781

Follow the District Attorney's Office on



**OFFICE OF THE DISTRICT ATTORNEY**  
**Economic Crimes Division**  
P.O. Box 121011, San Diego, CA 92112-9910  
(619) 531-3507 (24-hr Referral Information) or (619) 531-4070  
**CITIZEN REPORT AND INFORMAL COMPLAINT**

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.  
**Your Information – Please PRINT**

Name:		Today's Date:
Address:		Date of Birth:
		Driver's License or ID No.:
		State:
Phone (Residence):	Phone (Business):	Occupation:

**Suspect:** List name of firm or individual against whom complaint is being made. Give name of salesperson or representative if known.

Suspect Name:	Address	Phone Number
1.		
2.		

**List names of witnesses or other victims.**

Name	Victim / Witness	Phone Number
1.		
2.		

How did you first hear of the suspects (newspaper, TV, telephone call, etc.)?		
Date of Occurrence:	Location of Occurrence: (City, County, State)	Amount of Loss:
Have you contacted a private attorney? If so, please include attorney's name:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any civil actions (lawsuits) pending? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Law Enforcement Agencies contacted:		
Are you willing to sign a formal (criminal) complaint and testify in Court regarding this matter?		Yes <input type="checkbox"/> No <input type="checkbox"/>

**DECLARATION**

Briefly explain the facts upon which you are basing your complaint, including first contact with suspect and anything suspect said which later proved to be untrue. Attach additional remarks and copies of correspondence and contacts--Do not write on reverse side of this form.

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**SIGN AND DATE BELOW:**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed at, \_\_\_\_\_ on \_\_\_\_\_  
(City and State) (Date)

\_\_\_\_\_  
SIGNATURE