

**RETURN TO:**

**Office of the District Attorney  
Consumer Protection Unit**

County Government Center, West Wing  
70 West Hedding Street  
San Jose, CA 95110  
Telephone: (408) 792-2880  
Fax: (408) 279-8742

**CONSUMER COMPLAINT FORM  
CONSUMER PROTECTION UNIT**

**Please complete complaint form as follows and return to the above address.**

COMPLAINT NO. \_\_\_\_\_

1. Type or print clearly in dark ink.
2. Return **TWO COPIES** of the complaint form and all supporting documents.
3. Write the correct **ADDRESS** and **TELEPHONE NO.** of the business, **SIGN** and **DATE** your complaint.

**CONSUMER:**

Your Name: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPLAINT:**

Name of Business/Individual about which you are complaining:

\_\_\_\_\_  
Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date/City of Transaction: Amount of Loss How Paid?

\_\_\_\_\_ \$ \_\_\_\_\_ [ ]Cash [ ]Check [ ]Credit Card

Did you sign a contract? Date

[ ]Yes [ ]No Where? \_\_\_\_\_

Was product or service advertised? Date: \_\_\_\_\_

[ ]Yes [ ]No Where? \_\_\_\_\_

Have you complained to the company or the individual? Date

[ ]Yes [ ]No How? [ ]By Mail [ ]By Telephone [ ]In Person \_\_\_\_\_

Person Contacted and Job Title

\_\_\_\_\_

How did the business/individual respond? Date of Response

\_\_\_\_\_

Has matter been submitted to another agency? If yes, give name

Yes  No \_\_\_\_\_

Have you contacted a private attorney? If yes, give name: Is court action pending?

Yes  NO \_\_\_\_\_  Yes  No

What form of relief are you seeking? (e.g. exchange, repair, money back, etc.)

\_\_\_\_\_

TYPE OF COMPLAINT - e.g. car, mail order, etc.

\_\_\_\_\_

SUMMARY OF COMPLAINT: (Attach extra sheets if necessary.)

\_\_\_\_\_

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**PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW:**

**COMPLAINT - MEDIATION PROCESS:**

- A. Written complaint is sent to Mediation/Intake Unit for review by Director.
- B. Complaint is assigned to Mediation Specialist - a volunteer or staff member who is skilled and trained to assist both parties in finding a mutually acceptable solution.
- C. The business is sent a copy of the complaint or is contacted by telephone.
- D. The Consumer Protection Unit represents the public. Therefore the mediator is not an advocate for either party nor does he/she make any decision as to the facts.
- E. Mediation is concluded when an agreement is reached or when either party refuses to participate any further.
- F. A complaint that indicates that a business may have engaged in unlawful, unfair, or fraudulent business practice, or conducted deceptive advertising, will be reviewed by a deputy district attorney for further action.

The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HAVE YOU ENCLOSED TWO COPIES OF IMPORTANT PAPERS?**