



COMPLAINT FORM AGAINST A BUSINESS/CORPORATION

Santa Clara County
Office of the District Attorney
 Mediation Services, Consumer Protection Unit
 70 West Hedding Street
 San Jose, CA 95110
 Phone: 408-792-2880
 Email: consumer@dao.sccgov.org

For Office Use Only:
CM- _____
CV - _____

* Indicates a Required Field

Your Information			
Mr. Ms. Mrs.	First Name*	Last Name*	MI
Mailing Address*			
City*	State*	Zip Code*	Country, if not U.S.
Day Phone Number*	Evening Phone Number	Cell Phone Number	
County of Residence*		Email Address*	
Information About Company About Which You Are Complaining			
Name of Company*		Name of Owner/Principal of Company	
Company Address			
City	State	Zip Code	Country, if Not U.S.
Telephone Number		Fax Number	
Company's Internet Address (URL)/Website		E-mail Address	
Complaint Information			
Date of Transaction		Account Number (if applicable)	
Product or Service Involved*			
Was Product or Service Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where:	When:
Total Amount Paid	Amount in dispute	How was payment made: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card <input type="checkbox"/> Other:	

Did you sign a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where was it signed?	Starting Date	Expiration Date
Did you complain to the company or individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and how? Date: _____ <input type="checkbox"/> By mail/e-mail <input type="checkbox"/> By telephone/fax <input type="checkbox"/> In Person		
Person contacted	Job Title	Telephone No.	
How did the company/individual respond?			
What form of relief are you seeking? (e.g., exchange, repair, refund, etc.)			
Have you filed a complaint with another agency?		If Yes, Name of Agency	
Do you have an attorney for this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Your Attorney	Attorney's Telephone No.	
Have you filed a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Case # Court Location Status of Case		
Summary of Complaint* (This field only allows 1500 characters. Additional text will not save.)			
Important Information			
<ul style="list-style-type: none"> • The complaint may be assigned to the Mediation Unit to assist both parties in finding a mutually acceptable solution. Mediation is concluded when an agreement is reached or when either party refuses to participate any further. • If the complaint falls within the jurisdiction of another local, state, or federal agency, we may refer your complaint to that agency. In addition, the complaint may be shared with other government agencies. • This office does not have the authority to give legal advice or provide private legal representation to individual consumers. • Please include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send the originals. 			
Statement			
By submitting the complaint, I affirm that the information herein is true and accurate.			
I understand that a copy of this complaint will be sent to the business that I am complaining about. [If you have concerns with the business receiving a copy of your complaint, please contact the Mediation Unit at 408-792-2880 or by email at consumer@dao.sccgov.org after you submit your complaint.]			
I authorize the business to release any and all information with regard to this complaint to the Santa Clara County District Attorney's Office.			
Signature	Print Name	Date	