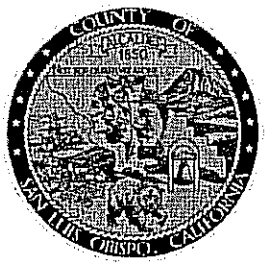
OFFICE OF THE DISTRICT ATTORNEY

County of San Luis Obispo

Gerald T. Shea
District Attorney

Jerret Gran
Chief Deputy District Attorney

Debra L. Vallely
Director
Economic Crime Unit



CONSUMER COMPLAINT

I wish to file a complaint against the company or individual below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing the complaint to notify your office of the activities of this company or individual.

(Please print or type)

Your Name:	**Home Phone:**
Address: (City/State/Zip)	**Bus. Phone:**

(Complaint filed against)

Name of Company, Firm or Individual:	
Address: (City/State/Zip)	
Phone:	**Website/E-mail:**
Representative's Name/Title:	
Name of Product or Service:	
Was Product or Service advertised? ☐ Yes ☐ No (If yes, attach a copy of advertisement)	
Where:	**When:**
Was a Contract signed? ☐ Yes ☐ No (If yes, attach a copy of contract)	

Check applicable boxes:

- ☐ Advertised item not available
- ☐ Defective merchandise
- ☐ Guarantee or contract not fulfilled
- ☐ Non-delivery of product
- ☐ False ad or representation
- ☐ Bait and Switch
- ☐ Auto Warranty Complaint
- ☐ Gym Membership/Health Club Complaint
- ☐ Other _____
- ☐ Door-to-door sale
- ☐ Mail order sale
- ☐ Internet auction fraud
- ☐ Auto repair case
- ☐ Home Improvement/ Contractor Complaint
- ☐ Satellite TV Complaint
- ☐ Yellow Page Advertising Complaint

A COPY OF THIS COMPLAINT WILL BE SENT TO THE COMPANY OR INDIVIDUAL INVOLVED.

- I will sign a sworn statement regarding this complaint, if needed ☐ Yes ☐ No
- Have you filed a complaint with any other Public Agency regarding this matter? ☐ Yes ☐ No
  (if yes, please list agency)
- Are any lawsuits pending in this matter? ☐ Yes ☐ No
- Have you suffered a monetary loss? ☐ Yes ☐ No
  If yes, what is the amount of your loss? _____

  (Please attach proof of your loss in the complaint summary section attached)

The information contained in this complaint form is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

On the attached sheet, please explain fully what occurred. Describe events in the order in which they happened. If necessary, use additional sheets of paper. Attach COPIES of any advertisements, canceled checks, credit card/bank statements, bills, receipts, or other documents important to this matter. Be specific as to the type of relief you are requesting or how you would like the dispute resolved. If appropriate, your complaint may be forwarded to another law enforcement or regulatory agency for consideration.

RETURN TO:

OFFICE OF THE DISTRICT ATTORNEY
COUNTY COURTHOUSE ANNEX
1050 MONTEREY STREET, ROOM 223
SAN LUIS OBISPO, CA 93408
(805) 781-5856

CONSUMER COMPLAINT SUMMARY