

**OFFICE OF THE DISTRICT ATTORNEY**  
County of San Luis Obispo



Gerald T. Shea  
District Attorney

Daniel A. Hilford  
Assistant 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)

<b>Your Name:</b>	<b>Home Phone:</b>
<b>Address:</b> (City/State/Zip)	<b>Bus. Phone:</b>

(Complaint filed against)

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

Check applicable boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Advertised item not available       | <input type="checkbox"/> Door-to-door sale                         |
| <input type="checkbox"/> Defective merchandise               | <input type="checkbox"/> Mail order sale                           |
| <input type="checkbox"/> Guarantee or contract not fulfilled | <input type="checkbox"/> Internet auction fraud                    |
| <input type="checkbox"/> Non-delivery of product             | <input type="checkbox"/> Auto repair case                          |
| <input type="checkbox"/> False ad or representation          | <input type="checkbox"/> Home Improvement/<br>Contractor Complaint |
| <input type="checkbox"/> Other: _____                        |  |

**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**

