

Dan Dow  
District Attorney

Eric Dobroth  
Assistant District Attorney

Terry O'Farrell  
Chief Investigator

# OFFICE OF THE DISTRICT ATTORNEY County of San Luis Obispo



## CONSUMER COMPLAINT COVER SHEET

*Please retain pages 1 and 2 for your records.*

### **Guidelines for completing the Consumer Complaint form**

Before filling out the attached complaint form, please take the time to read these guidelines. They will help you to understand our function, and we will be better able to understand and act on your complaint.

#### ***What we can do:***

The San Luis Obispo County District Attorney's Office Consumer Protection Unit investigates and prosecutes consumer fraud-related cases occurring in San Luis Obispo County.

When we receive a consumer complaint, we review all provided information and supporting documentation. If the complaint does not meet the criteria to open a case, we will do our best to refer you to an agency that will appropriately handle the type of matter involved. Many consumer disputes are not appropriate for government action; however, they are altogether proper for private legal action.

If you are a victim, we cannot represent you personally as your attorneys or give you legal advice. For advice on any civil claim, you should consult immediately with a licensed California attorney. If you do not have an attorney, you can contact the San Luis Obispo County Bar Association for a referral at (805) 541-5502 or [iris@slobar.org](mailto:iris@slobar.org).

Do not assume that by submitting a referral to our office that we will take action. For various reasons, we are not able to prosecute every case. If we determine it is necessary to obtain more information, we will contact you. If you have questions, you may call us at (805) 781-5800.

#### ***What we cannot do:***

This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed to a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer referrals, or obtain any other personal relief. Those functions may be performed by a number of other governmental and/or private agencies established for that purpose.

*If you believe you have been a victim of consumer fraud, please complete this referral form.*

***How to complete the complaint form:***

1. Write or type a summary of your complaint (page 5 of this form). Please include the following information:
  - a. Tell us **what** happened in chronological detail and be specific.
  - b. Tell us **who** you think the person(s) or company that is responsible for the loss, fraud, etc.
  - c. Tell us **where** (address, city, state) the incident or act(s) took place.
  - d. Tell us **when** and **how** you first became aware that you may have been defrauded. If individual(s) or a company is named in your referral, please list exact dates of contact. If someone else made you aware of the potential crime, please include that person's name(s), address(es) and telephone number(s).
  - e. Tell **how** you know the representations were false or how you know money was misused.
  - f. Tell us what your actual financial loss is, if known. Do not include lost interest, unrealized profits or missed opportunities.
2. Documentary evidence is especially important; therefore, please include only photocopies of all documents and materials. Such materials include but are not limited to advertisements, canceled checks, credit card/bank statements, bills, receipts. Please retain the originals for your records.
3. Type or print clearly in blue or black ink.
4. After completing all sections of the referral form, please return the form along with copies of your supporting documentation to:

**OFFICE OF THE DISTRICT ATTORNEY  
COURTHOUSE ANNEX  
1035 PALM ST., 4<sup>th</sup> FLOOR  
SAN LUIS OBISPO, CA 93408**

5. All referrals must have the attached referral form completely filled out, signed and dated by the **complaining party** (not by their attorney) before a case may be opened.
6. Be as truthful and accurate as possible. Be aware that filing a false crime report with the police or with the District Attorney's Office is a crime punishable as a misdemeanor (Penal Code §148.5).

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# OFFICE OF THE DISTRICT ATTORNEY

## County of San Luis Obispo



### 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 understand that all complaints will be reviewed by a member of the District Attorney's Office; however, **not all complaints are investigated.**

(Please print in blue/black ink 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"/> Bait and Switch                     |  |

- Auto Warranty Complaint
- Gym Membership/Health Club Complaint
- Other \_\_\_\_\_

- Satellite TV Complaint
- Yellow Page Advertising

- 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 so, please list agency: \_\_\_\_\_
- Are any lawsuits pending in this matter?  Yes  No
- Have you suffered a monetary loss?  Yes  No
  - If so, please note the amount of your loss and attach proof:  
\_\_\_\_\_

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

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

On the attached sheet (page 5), please explain fully what occurred. Describe events in the order in which they happened. If necessary, use additional sheets of paper. Attach **COPIES (no original documents)** of any advertisements, canceled checks, credit card/bank statements, bills, receipts, or other documents related to this matter. **Please be aware that failing to provide supporting documents will delay response to your complaint.** 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 COMPLETED FORM AND COPIES OF SUPPORTING DOCUMENTS TO:**

**OFFICE OF THE DISTRICT ATTORNEY  
COURTHOUSE ANNEX  
1035 PALM ST., 4<sup>th</sup> FLOOR  
SAN LUIS OBISPO, CA 93408  
(805) 781-5800**

## CONSUMER COMPLAINT SUMMARY

Enter information: