



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

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|----------------------|
| For Office Use Only: |
| CM- _____ |
| CV - _____ |

* Indicates a Required Field

| Your Information | | | |
|--|----------------------|---|----------------------|
| First Name* | | Last Name* | |
| 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 | |
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