



OFFICE OF THE DISTRICT ATTORNEY
CONTRA COSTA COUNTY

Diana Becton
DISTRICT ATTORNEY

Consumer Complaint Form

- A.** The District Attorney has limited resources to process complaints. All complaints will be reviewed by a Deputy District Attorney. **Not all complaints are investigated.**
- B.** The legal staff of the Contra Costa County District Attorney's Office is not permitted to engage in the private practice of law or to furnish legal advice in private civil matters and does not have the legal authority to assert your individual private rights.
- C.** The Special Operations Division does not conduct personal intake interviews or make appointments to accept the written complaint form.
- D.** The Special Operations Division does not take Anonymous complaints. The complaint may be shared with the individual or business the complaint is against.

PLEASE PRINT LEGIBLY

I. COMPLAINANT (Person Filing Complaint)

LAST NAME	FIRST NAME	INITIAL	OCCUPATION
STREET ADDRESS OR P.O. BOX		APT. NO.	DRIVERS LICENSE OR IDENTIFICATION NUMBER
CITY	STATE	ZIP CODE	
FAX NO. ()	E-MAIL		
DAY TELEPHONE NUMBER ()	EVENING TELEPHONE NUMBER ()		

II. BUSINESS/INDIVIDUAL COMPLAINT IS AGAINST

NAME OF BUSINESS/INDIVIDUAL					
STREET ADDRESS OR P.O. BOX				TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE			
INDIVIDUAL NAME	DOB (AGE)	RACE	MALE/FEMALE	HEIGHT	WEIGHT
STREET ADDRESS OR P.O. BOX			APT. NO.	TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE			

III. TRANSACTION INFORMATION

DATE OF OCCURRENCE		LOCATION OF OCCURRENCE	
IDENTIFY THE TYPE OF TRANSACTION PERTAINING TO YOUR COMPLAINT		WAS A CONTRACT SIGNED? (If yes, please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	
NATURE OF COMPLAINT			
DATE OF PURCHASE	PURCHASE PRICE / AMOUNT LOSS	METHOD OF PAYMENT (check, cash, credit care, other – explain) [Include copies of payment – front and back]	
NAME, ADDRESS AND PHONE NUMBER OF WITNESSES, IF ANY:			
NAME, ADDRESS AND PHONE NUMBER OR OTHER VICTIMS, IF KNOWN:			
HOW DID YOU HEAR ABOUT THE BUSINESS? (newspaper, TV, telephone, website, etc.)			
DID YOU CONTACT THE BUSINESS ABOUT YOUR COMPLAINT? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF THE PERSON YOU CONTACTED	
RESULT OF CONTACT		DATE YOU WERE AWARE YOU MAY BE A VICTIM OF A CRIME. (Explain in narrative)	
LIST OF OTHER AGENCIES YOU MAY HAVE CONTACTED			
HAVE YOU CONTACTED A PRIVATE ATTORNEY? IF YES, WHO? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY CIVIL LAWSUITS PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY JUDGMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
MAY WE PROVIDE A COPY OF YOUR COMPLAINT AND INFORMATION TO OTHER GOVERNMENTAL OR CONSUMER AGENCIES? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IV. COMPLAINT

Briefly explain the facts upon which you are basing your complaint (how, when, and why you believe you are a victim of an unfair business practice). Include the first contact with the individual or business and any false or fraudulent representations made to you by the individual or business.

Additional pages may be attached for further explanation.

V. DECLARATION

Date and sign below (*anonymous complaints are not accepted*)

I declare, by penalty of perjury under the laws of the State of California, that the forgoing is true and correct to the best of my knowledge and the this declaration was executed at:

_____ (city/state) on _____
(date).

(Signature)

WARNING: Filing a false report is a crime pursuant to Penal Code 148.5(a)

VI. MAILING INSTRUCTIONS

To help explain the details of your complaint, **YOU MUST SUPPLY COPIES OF SUPPORTING DOCUMENTS RELATED TO YOUR COMPLAINT.**

-PLEASE ONLY SEND COPIES OF DOCUMENTS-

Mail or deliver signed complaint and copies of supporting documents to:

Contra Costa County District Attorney
Special Operations Division
900 Ward Street, Fourth Floor
Martinez, California 94553

**FAILURE TO SEND SUPPORTING DOCUMENTS
MAY DELAY RESPONSE TO YOUR COMPLAINT**