

**OFFICE OF THE DISTRICT ATTORNEY  
COUNTY OF EL DORADO  
515 MAIN STREET  
PLACERVILLE, CA 95667**

**Inv. No:** \_\_\_\_\_  
**DA. No:** \_\_\_\_\_

**COMPLAINT FORM**

I understand that the Office of the District Attorney is not permitted to take action in order to obtain money owed to me, to help cancel any debt due on a contract I signed, or obtain any other personal relief for me. If the District Attorney determines to file a criminal and/or civil action in this matter, I understand that such action will not result in the obtaining of money or other personal relief for me. I am filing this complaint with the Office of the District Attorney for the purpose of bringing this matter to their attention to review and any further action they may determine to be appropriate.

**Please PRINT or TYPE and fill out COMPLETELY and in DETAIL**

1. Complainant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)  
Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name(s) of Person and/or Firm You are Complaining About: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Zip Code)  
Telephone: \_\_\_\_\_ Is Advertisement Involved?  Yes  No If so, please attach copy.  
Date(s) and Location(s) of Alleged Violation(s): \_\_\_\_\_  
Amount of Your Loss \$ (if any): \_\_\_\_\_ Code Section(s) Violated (if known): \_\_\_\_\_  
Name of Product or Service Involved: \_\_\_\_\_

Please list the business representative(s), associates, agents, or other potential witnesses to the alleged violation:

Name	Title/Position	Explain involvement and provide contact information.

3. Have you contacted a private attorney to assist you?  Yes  No If so, when: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Legal Action Taken (if any): \_\_\_\_\_

4. Have you contacted any other agency to make a complaint or to assist you?  Yes  No

If so, list agency, the contact(s) at that agency with whom you discussed your complaint, their suggestions if any, the result of your actions and their contact information:

Agency	Name of Contact	Agency Suggestions/Results (Contact Information)

5. DECLARATION - Explain details of alleged violation(s):

In the space below, describe the events as fully as you can, in the order in which they occurred, using extra sheets as needed. Explain in detail any written or oral representation concerning the product or service, including advertisements. Please attach copies of all pertinent documents, such as contracts, canceled checks, warranties, invoices, etc. (Please try to limit to no more than 20 pages - we will contact you if we need additional evidence.)

I, \_\_\_\_\_ (Name), declare that:

(Check here if you have attached additional pages.)

**I declare under penalty of perjury, under the laws of the State of California, the foregoing to be true and correct and that I have read and understand the contents hereof:**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**For DA Office Use Only:**

<i>Date Received:</i>	<i>Date Assigned:</i>	<i>Disposition: (Rejected/Insufficient Evidence/Referred/Filed)</i>
<i>Disposition Date:</i>	<i>Assigned to:</i>	<i>Disposition - Other:</i>