**COMPLAINT FORM REGARDING 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  
Fax: 408-279-8742  
Email: consumer@da.sccgov.org

*Indicates a Required Field

<table>
<thead>
<tr>
<th>Your Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Mr. ○ Ms. ○ Mrs.</td>
<td>First Name *</td>
</tr>
<tr>
<td>Mailing Address *</td>
<td></td>
</tr>
<tr>
<td>City *</td>
<td>State *</td>
</tr>
<tr>
<td>Day Phone Number *</td>
<td>Evening Phone Number</td>
</tr>
<tr>
<td>County of Residence</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information About Company About Which You Are Complaining</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Company *</td>
<td>Name of Owner/Principal of Company</td>
</tr>
<tr>
<td>Company Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Fax Number</td>
</tr>
<tr>
<td>Company's Internet Address (URL)/Website</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Transaction</td>
<td>Account Number (if applicable)</td>
</tr>
<tr>
<td>Product or Service Involved *</td>
<td></td>
</tr>
<tr>
<td>Was Product or Service Advertised?</td>
<td>Where</td>
</tr>
<tr>
<td>○ Yes ○ No</td>
<td></td>
</tr>
<tr>
<td>Total Amount Paid:</td>
<td>Amount In Dispute:</td>
</tr>
<tr>
<td>○ Cash ○ Check ○ Credit Card ○ Debit card</td>
<td>○ Other: ____________________________</td>
</tr>
<tr>
<td>Did You Sign a Contract?</td>
<td>Where was it signed?</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>☐ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you complain to the company or individual?</th>
<th>If yes, when and how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes □ No</td>
<td>Date: _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Contacted</th>
<th>Job Title</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

How did the company/Individual respond?

What form of relief are you seeking? (e.g., exchange, repair, refund, etc.)

<table>
<thead>
<tr>
<th>Have you filed a complaint with another agency?</th>
<th>If Yes, Name of Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes □ No</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have an Attorney for this case?</th>
<th>If Yes, Name of Attorney</th>
<th>Attorney's Telephone No.</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes □ No</td>
<td></td>
<td></td>
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<tr>
<th>Have you filed a lawsuit?</th>
<th>If Yes, Case #</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes □ No</td>
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<table>
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<tr>
<th>Summary of Complaint * (Attach extra sheets as needed)</th>
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</table>

Important Information

- 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@da.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.

<table>
<thead>
<tr>
<th>Signature *</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>