



**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](mailto:consumer@da.sccgov.org)

For Office Use Only:  CM- _____  CV- _____
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\*Indicates a Required Field

Your Information			
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.	First Name *	Last Name *	MI
Mailing Address *			
City *	State *	Zip Code *	Country, if Not U.S.
Day Phone Number *	Evening Phone Number	Cell Phone Number	
County of Residence		E-mail 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="radio"/> Yes <input type="radio"/> No		Where	When
<b>Total Amount Paid:</b>	Amount In Dispute:	How Was Payment Made: <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Credit Card <input type="radio"/> Debit card <input type="radio"/> Other: _____	

Did You Sign a Contract? <input type="radio"/> Yes <input type="radio"/> No	Where was it signed?	Starting Date	Expiration Date
Did you complain to the company or individual? <input type="radio"/> Yes <input type="radio"/> No		If yes, when and how? Date: _____ <input type="checkbox"/> By Mail/Email <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? <input type="radio"/> Yes <input type="radio"/> No		If Yes, Name of Agency	
Do you have an Attorney for this case? <input type="radio"/> Yes <input type="radio"/> No		If Yes, Name of Attorney	Attorney's Telephone No.
Have you filed a lawsuit?  <input type="radio"/> Yes <input type="radio"/> No	If Yes, Case #		
	Court Location		
	Status of Case		
<b>Summary of Complaint *</b> (Attach extra sheets as needed)			

### 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](mailto: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.

Signature *	Print Name	Date
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