



OR

**Select "Submit Form" to send by
 email to: dms@cdfa.ca.gov**

COMPLAINT SUBMITTED		Date	Time
WHERE (<i>Location where the problem or complaint occurred</i>)			
Address			Phone
City	E-mail		
County			
WHEN (<i>Date and time of incident or situation</i>)		Date	Time
WHAT (<i>Describe complaint in detail</i>)			
DESCRIBE THE PERSON WHO ASSISTED YOU AT THE LOCATION (<i>Person's name and any distinguishing characteristics</i>)			
DESCRIBE THE PERSON WHO YOU COMPLAINED TO AT THE LOCATION (<i>Person's name and any distinguishing characteristics</i>)			
HAVE YOU CONTACTED any other agency, consumer or legal?			Yes No
IF YES, who?			
IF WE CONTACT THE BUSINESS , do you wish to remain anonymous?			Yes No
WOULD YOU LIKE TO BE NOTIFIED of the results of the investigation or activity?			Yes No
IF YES , please complete this section:			
Name			
Address			
City & Zip			
E-mail			Phone