

Consumer Complaint Form

OFFICE OF THE DISTRICT ATTORNEY

County of Siskiyou
311 Fourth Street, Room 204
Yreka, California 96097

(530) 842-8125
PLEASE PRINT



For Office Use Only

Date:

Case No.:

Assnmt:

Please know that this office represents the State of California. This office protects California consumers within the jurisdiction of Siskiyou County from unlawful or unfair business practices and/or false and misleading advertising by companies or certain individuals. This office will not represent individual consumers nor will it represent individual companies.

Name (Person Making Complaint)	Name (Complaint Against Person/Company)
Address	Address
City State ZIP	City State ZIP
Phone	Phone
Email Address	Email Address

You can best explain your complaint **BELOW** by writing a brief account of the events in the order in which they occurred. Please include the type of product or service and the names of persons and businesses involved. State whether or not a contract was signed. If a product or service was advertised, please state when and where you saw the advertisement. You may wish to include witness names and address or telephone numbers. Indicate what action you believe would be fair to resolve your complaint. A copy of this complaint may be forwarded to the person or company you have complained against for their review.

Have you made a complaint to any other government or consumer agency?

Yes

No

Have you contacted an attorney? If so, provide details.

Has a lawsuit been filed in any court? If so, when and where?

(Continue on separate sheet if necessary)

Please attach photocopies of all available documents mentioned in your report.

Please retain the originals.

(Receipts, contracts, cancelled checks, advertisements, correspondence)

THE INFORMATION CONTAINED IN THIS FORM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signed:	Date:
Initial Approval:	Final Disposition and Dates:
Final Approval	