COMPLAINT FORM

1. ___________________________________________  ___________________________________________
   Complainant’s Full Name  Telephone Number
   ___________________________________________  ___________________________________________
   Address (Number, Street, City, State and Zip Code)
   ___________________________________________
   Email
   ___________________________________________

   MY COMPLAINT IS AGAINST:

2. ___________________________________________
   Name of Business and/or Individual
   ___________________________________________
   Address (Number, Street, City, State and Zip Code)
   ___________________________________________
   Full Name of Person With Whom You Dealt  Telephone Number

3. Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors or controlling persons?

   Yes  No  How Long? ___________________________________________
   Business  Personal

4.  ___________________________________________
   Place(s) Where Transaction(s) Occurred
   ___________________________________________
   Date(s) of Transaction(s)

5. Have you contacted the business or individual regarding your complaint?

   Yes  No  Date(s) of Contact(s) ________________________

6.  ___________________________________________  ___________________________________________
   (If Yes,) Person(s) Contacted  Telephone Number

   Results of Contact(s) ___________________________________________
   ___________________________________________

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7. Briefly describe the nature of your complaint. Keep dates of events in chronological order.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

8. Have you filed your complaint with another law enforcement or consumer protection agency? If yes, provide agency information below.

_________________________________________________________________________________

Name of Agency

_________________________________________________________________________________

Telephone Number

_________________________________________________________________________________

Address (Number, Street, City, State and Zip Code)

9. Do you know of any other victims in this matter? If yes, please provide names, address and telephone numbers in the space provided below.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

10. Have you or any other victims filed a lawsuit in any courts? If yes, please provide date, case number and name of county in which the lawsuit was filed.

_________________________________________________________________________________

11. Please attach a copy of the advertisement or correspondence, if applicable, to this form.