

MONTEREY COUNTY DISTRICT ATTORNEY

Consumer Protection Division

1200 Aguajito Road, Room 301
Monterey, CA 93940

Date Received: _____

Referred To: _____

Telephone (831) 647-7770

Fax Number (831) 647-7762

Consumer Complaint Form:

Please complete this form in order to lodge a complaint about a merchant or business transaction. The purpose of the form is to help the District Attorney evaluate the business for possible prosecution. If this occurs, the business might be assessed civil penalties, which would be paid to the County of Monterey.

To complete the form, be sure to attach photocopies of any ads, contracts, receipts or other documents. Do not send originals. A copy of this complaint and exhibits may be sent to the business complained about, as well as to appropriate regulatory agencies. You must include your address and telephone number and sign and date the form before we can act upon it. If we need to meet with you, we will call you to make an appointment.

Although we may make efforts to do so, this office cannot be responsible for the recovery of your money or the protection of your personal rights or claims might be. For that you must consult your own attorney or proceed in Small Claims Court.

Company or individual you want to complain about:

Name: _____ Salesperson: _____

Address: _____

Phone: _____ Other Contact Information: _____

Other persons at the company you have complained to: _____

Other agencies you have complained to: _____

Did you file in Small Claims Court? _____

What was the result? _____

Indicate the name of your attorney, if you have one: _____

If you lost money or other property, please indicate value: \$ _____

Check applicable box(es):

- | | | |
|---|---|---|
| <input type="checkbox"/> For our information only | <input type="checkbox"/> False ad or representation | <input type="checkbox"/> Auto repair case |
| <input type="checkbox"/> Written contract | <input type="checkbox"/> Defective merchandise | <input type="checkbox"/> Auto sales case |
| <input type="checkbox"/> Verbal contract | <input type="checkbox"/> Door-to-door sale | <input type="checkbox"/> Home improvement |
| <input type="checkbox"/> Non-delivery of product | <input type="checkbox"/> Mail order sale | <input type="checkbox"/> Other: |

On the other side of this sheet, please explain fully and completely what happened to you. Keep the story in the same order in which it occurred. If you do not know actual dates, please give us approximations. Indicate names and job titles of the persons mentioned, and include any witnesses who may be of assistance in establishing these facts.

Your Name: _____ Phone Numbers: _____

Address: _____

Signature: _____ Date: _____