



**SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE
CONSUMER PROTECTION UNIT**

**1355 West Street
Redding, California 96001
Consumer Complaint (530) 245-6300
FAX (530) 245-6319**

I wish to file a complaint against the company or individual below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing the complaint to notify your office of the activities of this company or individual.

(Please print or type)

Your Name:	Home Phone:
Address:	Business Phone:

City/State/Zip:

(Complaint Filed Against)

Name of Company, Firm, or Individual:
Address:

City/State/Zip:	Bus Phone:
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Salesperson or Representative's Name:
Name of Product or Service:
Was Product or Service Advertised? (Attach a copy of advertisement) <input type="checkbox"/> YES <input type="checkbox"/> NO

Where:	When:
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Was a Contract Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, attach a copy of the contract)
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CHECK CAUSES OF COMPLAINT:

1. Advertised item not available <input type="checkbox"/>	5. Oral Misrepresentation <input type="checkbox"/>
2. Defective Merchandise <input type="checkbox"/>	6. Non-delivery of merchandise <input type="checkbox"/>
3. Guarantee of contract not fulfilled <input type="checkbox"/>	7. Promised adjustment not fulfilled <input type="checkbox"/>
4. Misrepresentation of advertisement <input type="checkbox"/>	8. Unsatisfactory installation or service <input type="checkbox"/>

9. Other (Please explain):
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Names, Addresses and Phone Numbers of Witnesses:

1. _____

2. _____

EXPLAIN FULLY: Described events (who, what, when, where, how, and why) in the order in which they occurred, if possible. (Use additional sheets, if necessary.)

WOULD YOU OBJECT TO A COPY OF THIS COMPLAINT BEING SENT TO THE COMPANY OR INDIVIDUAL INVOLVED? Yes No

(If so, why?)

HAVE YOU FILED A COMPLAINT WITH ANY OTHER PUBLIC AGENCY? Yes No

(If so, whom?)

HAVE YOU CONTACTED A PRIVATE ATTORNEY? Yes No

(If so, whom?)

ARE ANY LAWSUITS PENDING IN THIS MATTER? Yes No

(If so, WHEN AND WHERE FILED?)

The information contained in this complaint form is true, correct and complete to the best of my knowledge.

Dated: _____

Signature: _____

Please attach a copy of any documentation you may have supporting your complaint and mail to:

SHASTA COUNTY DISTRICT ATTORNEY
CONSUMER PROTECTION UNIT
1525 COURT STREET, THIRD FLOOR
REDDING, CA 96001