

Consumer Complaint Form

OFFICE OF THE DISTRICT ATTORNEY
Room 130 - Hall of Justice
San Rafael, CA 94903

(415) 499-6495
PLEASE PRINT

For Office Use Only
Date:
Case No.:
Assmnt:

Person Making Complaint	Are over the age of 62? <input type="checkbox"/>	Complaint Against (Person or company)
Name		Name
Address		Address
City State ZIP		City State ZIP
Home Phone Work Phone		Phone Person Contacted

You can best explain your complaint by writing a brief account of the events in order in which they occurred. Please include the type of product or service and the names of persons 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 complaint against for their review.

(Continue on separate sheet if necessary)

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

The Consumer Protection Division of the Marin County District Attorney's Office provides mediation for consumer complaints and enforces consumer protection laws.

- 1) FILL OUT the form**
- 2) ATTACH any photocopies of all available documents mentioned in your report.
(Receipts, contracts, cancelled checks, advertisements, correspondence)**
- 3) SIGN the form**
- 4) MAIL the form TO:**

**Office of the District Attorney
Consumer Protection
3501 Civic Center Dr.
Hall of Justice, Room 130
San Rafael, Ca. 94903**