

CONSUMER COMPLAINT
SAN FRANCISCO DISTRICT ATTORNEY
732 Brannan Street, San Francisco, California 94103 (415) 551-9595

Date Received: _____ Assigned To: _____

(DO NOT WRITE IN ABOVE SPACE)

Your Name: _____ Complaint Against: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Home Phone: (____) _____ Phone: (____) _____

Work: (____) _____ Cell: (____) _____ Owner/Operator: _____

Email: _____

Did you complain to Business: yes no If yes, what date? _____

Name and Title of person you spoke to: _____

Date and Location of contract/transaction sale: _____

How much money did you pay? \$ _____ cash personal check credit card

Name of Attorney / Other agencies you have contacted: _____

Have you filed in Small Claims Court: yes no If yes, have parties been served? yes no Court date? ____

Do you want a summary of this complaint to be sent to the Person or Company complained about? yes no

Please attach **COPIES** of cancelled checks/documents/contracts.

Describe the events in the order they happened. Include what you think would be satisfactory resolution of your complaint.

NOTICE:

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

City / State executed in _____

Date: ____ / ____ / ____

Signature: _____