YOLO COUNTY DISTRICT ATTORNEY
JEFF W. REISIG
301 Second Street
Woodland, California 95695
(530) 666-8424 Fax: (530) 666-8423

CONSUMER FRAUD COMPLAINT

Thank you for contacting our office regarding your consumer complaint. The District Attorney's Office may utilize the information you provide as a source in initiating prosecution to protect the rights of the community. After a review of your complaint, if the Office of the District Attorney concludes that it is in the interest of the public to initiate proceedings, you may be called upon to present evidence in support of the prosecution of the claim. Therefore, your complaint must include your name, address, and telephone number. In addition, you must date and sign the form under penalty of perjury. If we need to meet with you, we will call you to make an appointment.

The Office of the District Attorney is **not** permitted to represent private citizens and therefore cannot initiate action for the sole purpose of recovering your money or protecting your rights above and beyond the rights of the community as a whole. However, should a successful action result in a monetary recovery, you may be entitled to restitution as a victim.

Prior to submitting a complaint, please contact the person or company against whom you are lodging the complaint and give them an opportunity to satisfy your complaint. If you are unsatisfied and feel that the interest of the community is such that the Office of the District Attorney should be aware of the issue, please:

1. Print out the complaint form and fill it out as completely as possible.
2. Send us copies, not originals, of any contracts, advertisements or other papers that will help explain and document your complaint.
3. Mail the packet to:

   Consumer Fraud Division
   Yolo County District Attorney
   301 Second Street
   Woodland, California 95695

If you have any questions regarding the complaint form and how to fill it out, contact the District Attorney's Office and ask for the consumer fraud investigator. The telephone number is (530) 666-8180

CONSUMER COMPLAINT FORM

I wish to file a complaint against the person or business named below. I understand that the District Attorney's Consumer Fraud Division is **unable to represent private citizens** seeking the return of their money or other personal remedies. However, I am submitting this complaint to notify your office of the activities of this business. I further understand that a copy of my complaint may be forwarded to the party against whom I am complaining, that my complaint may be kept on file by the District Attorney's Office for future reference, and my complaint may also be referred to other interested consumer agencies.

(Tab Through Fields to Fill in Blanks in Adobe Acrobat Reader; then Print the Form)

CONTACT INFORMATION

Your Name: _____

Your Address: _____
Street City State Zip

Your Home Phone: ( ) _____

Your Work Phone: ( ) _____

Your Email Address: _____

COMPLAINT AGAINST

Name of Person
or Business: _____

Address: _____
Street City State Zip

Business or
Person's Phone: ( ) _____

Did you complain directly to the company? Y ☐ N ☐

Date of
Complaint: _____

If complaint was in writing, please attach a copy.

Please list the business representative(s) with whom you were in contact, along with their title(s) and their responses/actions in attempting to resolve your complaint.

Name	Title	Response/Action Taken to Resolve Complaint

Have you contacted a private attorney to assist you?	Y ☐	N ☐

If so, please provide the attorney's name, address, and telephone number, along with a brief description of the legal action taken and any result of that action.

Attorney Name	Address	Phone Number
Legal Action Taken		

Have you contacted any other agency to assist you?	Y ☐	N ☐

If so, list agency, the contact(s) at that agency with whom you discussed your complaint, their suggestions if any, and the result of your actions.

Agency	Contact	Agency Suggestions/Results

NATURE OF COMPLAINT

Product or Service Involved:		
Was Product or Service falsely advertised?	Y ☐	N ☐
If so, where and when did you see/hear the advertisement? (**Attach a copy if one is available**)		
Date of your transaction:		
Did you sign a contract? (**If so, please attach a copy**)	Y ☐	N ☐

MISREPRESENTATION - WRITTEN

Was any misrepresentation put in writing? (**If so, please attach a copy of the writing, and note the area of the contract that contains the written misrepresentation**)	Y ☐	N ☐

MISREPRESENTATION - ORAL

Was there an oral misrepresentation?	Y ☐	N ☐
If "Yes" to the above question, Please Fill Out the Following		
Name of the person who made the misrepresentation		
Title		
What was said that constitutes the misrepresentation?		
Were there any witnesses to the oral communication?	Y ☐	N ☐

If so, please include their name(s) address and telephone number(s)

Name	Address	Phone

In the space below, describe the events as fully as you can, in the order in which they occurred, using extra sheets as needed. Explain in detail any written or oral representations concerning the product or service, including advertisements. Please attach copies of all pertinent documents, such as contracts, canceled checks, warranties, invoices, advertisements, etc.

Note: Section 148.5 of the California Penal Code provides that, "[e]very person who reports to any peace officer listed in Section 830.1 or 830.2 or subdivision (a) of Section 830.33, the attorney General, or a deputy attorney general, or a district attorney, or a deputy district attorney that a felony or a misdemeanor had been committed, knowing the report to be false is guilty of a misdemeanor."

I declare under the penalty of perjury the foregoing to be true and correct and that I have read and understand the contents hereof.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only:			
Date Received:		Assigned to:	
Date Assigned		Case disposition/notes (below):	
Disposition Date:			

Print Clear Form