



JILL R. RAVITCH  
SONOMA COUNTY DISTRICT ATTORNEY

ENVIRONMENTAL AND CONSUMER LAW DIVISION  
2300 COUNTY CENTER DRIVE, SUITE B-170, SANTA ROSA, CA 95043 PHONE: (707) 565-3161

**THE ENVIRONMENTAL AND CONSUMER LAW DIVISION OF THE SONOMA COUNTY DISTRICT ATTORNEY'S OFFICE PROVIDES MEDIATION FOR CONSUMER COMPLAINTS AND ENFORCES CONSUMER PROTECTION LAWS.**

The District Attorney Office **CANNOT** act as your private attorney or give you legal advice. This office will evaluate your complaint for mediation, referral to another agency, or possible enforcement action. If mediation is appropriate, a copy of the complaint may be sent to the other party for their response.

**DIRECTIONS FOR FILING CONSUMER COMPLAINT:**

- 1. You should first attempt to resolve your complaint directly with the business. If you are unsuccessful, please complete the attached form.**
- 2. Attach copies (not originals) of all documents related to your complaints, e.g., receipts, contracts, work orders, canceled checks, advertisements, correspondence.**
- 3. Sign the form**
- 4. Mail or fax the form to: Sonoma County District Attorney  
Environmental & Consumer Law Division  
2300 County Center Dr. Suite B-170  
Santa Rosa, CA 95403-3011  
Phone (707) 565-5317  
Fax (707) 565-3499**

# CONSUMER COMPLAINT FORM

## SONOMA COUNTY DISTRICT ATTORNEY ENVIRONMENTAL & CONSUMER LAW DIVISION

2300 County Center Drive Suite B-170  
Santa Rosa, California 95403-3011  
Telephone: (707) 565-5317 • Facsimile: (707) 565-3499

To sign up to receive District Attorney Consumer Alert Updates visit:  
<http://da.sonoma-county.org/content.aspx?sid=1023&id=2585>

**NOTICE:** The district attorney's office cannot act as your private attorney or give you legal advice. This office will evaluate your complaint for mediation or possible enforcement action. A copy of the complaint may be sent to the other party for their response.

### CONSUMER INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

### COMPLAINT AGAINST

BUSINESS: \_\_\_\_\_

NAME OF INDIVIDUAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ MANAGER: \_\_\_\_\_

### INFORMATION REGARDING YOUR COMPLAINT

DATE OF TRANSACTION: \_\_\_\_\_ AMOUNT OF LOSS \_\_\_\_\_

PAID BY: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

DID YOU SIGN A CONTRACT? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_

WAS PRODUCT ADVERTISED? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_

HAS THIS MATTER BEEN SUBMITTED TO ANOTHER AGENCY? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, STATE NAME OF AGENCY AND THEIR RECOMMENDATIONS, IF ANY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT FORM OF RELIEF ARE YOU SEEKING (e.g., exchange, repair, money back, etc.)?

\_\_\_\_\_

**SUMMARY OF COMPLAINT**

(Describe the events leading up to your complaint in the order they occurred. Be specific. Describe the product or service involved. Describe your attempts to resolve your complaint with the business and their response. Where possible, include the names and phone numbers of any individuals with information regarding your complaint, including the business owner and/or any employees with whom you have had contact. Attach extra sheets if necessary.)

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**NOTICE:** "I agree that pursuant to California Evidence Code §1152.5, when persons agree to conduct and participate in mediation for purpose of compromising, settling, or resolving a dispute, the information received will be kept as confidential. Disclosure of any such evidence shall not be compelled in any civil action." Should mediation fail and you decide to pursue your civil remedies, this office will only release the documentation that you provided this office. Any other documentation associated with your complaint shall be kept confidential.

**I declare under penalty of perjury under the laws of the State of California that the foregoing information (and any attached information) is true and correct.**

DATE: \_\_\_\_\_ YOUR SIGNATURE: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL RELATED DOCUMENTS; E.G., CONTRACTS, RECEIPTS, WORK ORDERS, CANCELED CHECKS, ADVERTISEMENTS, CORRESPONDENCE, ETC.**