OFFICE OF THE DISTRICT ATTORNEY SPECIAL PROSECUTIONS



County of Ventura, State of California 5720 Ralston Street, Suite 300 Ventura, CA 93003 (805) 662-1750

ERIK NASARENKO

District Attorney

LISA O. LYYTIKAINEN

Chief Assistant District Attorney

KEVIN B. DRESCHER

Chief Deputy District Attorney Special Prosecutions

CHRIS HARMAN

Supervising Deputy District Attorney

CONSUMER COMPLAINT

(Please type or print clearly in dark ink)

Have you complained to the company or individual? You must do so before filing this complaint.

Complainant (Consumer):			
YOUR NAME: MR./MS			
YOUR ADDRESS:			
CITY	STATE	ZIP	
E-MAIL (Optional):			
TELEPHONE NUMBER:			
Home Other We must have a DAYTIME telephone number.			
YOUR AGE: UNDER 18	18-59	60 or OVE	R
Complaint/Dispute Against (Business):			
Cost of Product and/or Service (if applicable)	Date	of Transaction	
NAME OF BUSINESS:			
ADDRESS_			
CITYSTAT			
2. NAME OF BUSINESS:			
ADDRESS			
CITYSTAT			
Date you complained to Company/Individual:			
Person Contacted			
Result of Contact			
Has there been a Small Claims suit filed?	Hearing Date	<u> </u>	
Case Number	Have you cont	acted an attorney regarding this	matter?
Who referred you to our agency?			
Have you complained to any other agency?			
Name of the agency			
FURTHER INFORMATION (if applicable)			
Manufacturer of Product			
Address of Manufacturer			
Product Model or Serial Number			
Product Warranty Expiration Date			
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Consumer Fraud Unit – Special Prosecutions District Attorney's Office, County of Ventura 5720 Ralston Street, Suite 300 Ventura, California 93003

(805) 662-1750 (805) 662-1770 (fax)

http://www.vcdistrictattorney.com

Describe the events in the order they happened, as concisely as possible: (Attach additional pages if needed)
What resolution are you seeking or what offer are you making to resolve this dispute? (e.g., exchange, repair, money
back, payment plan, monetary offer, contract cancellation, etc.) If you are asking for a refund, please specify the amount.
PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW
Please attach to this form <u>photocopies</u> of any papers involved in your dispute, (contracts, warranties, bills received, canceled checks, correspondence, etc). DO NOT SEND THE ORIGINALS . If you wish to have a copy of this complaint for your records, you may photocopy it, however, it is very important that you <u>return the signed original form back to us</u> . In order to resolve your complaint, we will send a copy of this form to the business or individual against whom you are complaining.
The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE