



OFFICE OF THE DISTRICT ATTORNEY

County of Ventura, State of California
CHERYL M. TEMPLE, Acting District Attorney
800 South Victoria Avenue
Ventura, CA 93009
(805) 654-2500

Dear Consumer:

Included with this letter is a complaint form for you to complete and return to this office. Please include **copies** of documents, contracts, correspondence, statements, and/or receipts, which are relevant to your complaint. **Do not send original documents.** You may also include witness statements that pertain to your complaint.

The goal of mediation is to successfully negotiate your dispute out of court. Mediators do not have the authority to force either party to settle the dispute, or to participate in the mediation. Participation is voluntary. Consumer Mediation services are provided in part, pursuant to the California Dispute Resolution Program Act of 1986. There is no fee for our service.

The Consumer Mediator assigned to your case will have no known actual or apparent conflict of interest with your dispute. The Mediator has the authority to terminate the mediation when appropriate and may encourage the disputants to seek qualified legal, financial or other professional advice.

Mediation is conducted by telephone and correspondence. In most cases, you will not be compelled to come in to this office to mediate face to face with the other party. However, if it is in the best interest of all parties to have a meeting, arrangements can be made during normal business hours. If a meeting is arranged, you may elect to have an attorney accompany you.

Additionally, disputants may choose to have an attorney assist in the preparation of the complaint or response, restrict statements and/or documents, or make written agreements enforceable or admissible at law.

Consumer Mediators do not investigate businesses or individuals. However, we will review each complaint for violation(s) of California consumer protection laws.

Should you have any questions or need additional information, please feel free to contact our office. Our hours are 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday. Telephone (805) 654-3110; Fax (805) 648-9255. Our Internet address is <http://www.vcdistrictattorney.com>.

CHERYL M. TEMPLE
Acting District Attorney



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CONSUMER MEDIATION COMPLAINT FORM

(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. MRS. MS. _____

YOUR ADDRESS: _____

CITY _____ STATE _____ ZIP _____

E-MAIL (Optional): _____

TELEPHONE NUMBER: _____

Home

Other

We must have a DAYTIME telephone number.

YOUR AGE (check one): UNDER 18 18-59 60 or OVER

Complaint/Dispute Against (Business):

Cost of Product and/or Service (if applicable) _____ Date of Transaction _____

1. NAME OF BUSINESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

2. NAME OF BUSINESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

Date you complained to Company/Individual: _____

Person Contacted _____ By Phone Letter In Person

Result of Contact? _____

Has there been a Small Claims suit filed? Yes No **Hearing Date?** _____

Case Number _____ Have you contacted an attorney regarding this matter? Yes No

Who referred you to our agency? _____

Have you complained to any other agency? _____ Name of Agency: _____ Date of complaint: _____

FURTHER INFORMATION (if applicable)

Manufacturer of Product _____ Address of Manufacturer _____

Product Model or Serial Number _____ Product Warranty Expiration Date _____

Mail or deliver signed complaint form and copies of supporting documents to:

District Attorney's Office
Consumer Mediation Unit
800 South Victoria Avenue, Suite 314
Ventura, California 93009
(805) 654-3110
(805) 648-9255 (fax)
<http://www.vcdistrictattorney.com>

Describe your complaint 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 photocopies 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 return the signed original form back to us. 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.

DATE

SIGNATURE