



**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

**KEVIN B. DRESCHER**  
Chief Deputy District Attorney  
Special Prosecutions

**LISA O. LYYTIKAINEN**  
Chief Assistant District Attorney

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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 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?** \_\_\_\_\_ **Hearing Date** \_\_\_\_\_  
**Case Number** \_\_\_\_\_ Have you contacted an attorney regarding this matter? \_\_\_\_\_  
 Who referred you to our agency? \_\_\_\_\_  
 Have you complained to any other agency? \_\_\_\_\_ Date of complaint: \_\_\_\_\_  
 Name of the agency \_\_\_\_\_

**FURTHER INFORMATION (if applicable)**  
 Manufacturer of Product \_\_\_\_\_  
 Address of Manufacturer \_\_\_\_\_  
 Product Model or Serial Number \_\_\_\_\_  
 Product Warranty Expiration Date \_\_\_\_\_

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 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.**

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DATE

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SIGNATURE