



Consumer Protection Complaint Form

Mail to: Los Angeles County District Attorney's Office
Consumer Protection Division
211 West Temple Street, Suite 1000
Los Angeles, California 90012

1. Your Information

Name:		
Address:		
Phone (primary):	Phone (alternate):	Email:

2. Complaint File Against

Name of business and/or individual:		
Address:		
Phone (primary):	Phone (alternate):	Email:

3. Summary of Complaint

Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors or controlling persons?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Business relationship <input type="checkbox"/> Personal relationship How long?:	
Place(s) where transaction(s) occurred and date(s):	
Have you contacted the business or individual regarding your complaint?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of contact(s):	
If yes, person(s) contacted, phone number(s) and results of contact:	

- 4.** Briefly describe the nature of your complaint. Keep dates of events in chronological order:

- 5.** Have you filed your complaint with another law enforcement or consumer protection agency?
If yes, provide agency information below:

Agency:	Phone:
Agency address:	

- 6.** Do you know of any other victims in this matter? If yes, please provide names, addresses and phone numbers:

- 7.** Have you or any other victims filed a civil action (lawsuit) in any court in this matter?
If yes, please provide date, case number and name of county in which the lawsuit was filed:

Please attach a copy of the advertisement or correspondence, if applicable, to this form.