



CONSUMER AND ENVIRONMENTAL PROTECTION DIVISION
SACRAMENTO COUNTY DISTRICT ATTORNEY

SUMMARY OF COMPLAINT

DATE OF TRANSACTION/INCIDENT:	LOCATION OF TRANSACTION/INCIDENT (ADDRESS, CITY, STATE): <input type="checkbox"/> AT BUSINESS <input type="checkbox"/> VIA TELEPHONE
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TOTAL LOSS: \$</td> </tr> </table>	TOTAL LOSS: \$	NAME OF PRODUCT OR SERVICE INVOLVED:
TOTAL LOSS: \$		

HAS THERE BEEN AN ATTEMPT TO RESOLVE THE PROBLEM? NO YES (INCLUDE **DETAILS** IN NARRATIVE)

HAS A CONTRACT OR WARRANTY BEEN SIGNED? NO YES (INCLUDE A COPY OF THE PAPERWORK)

HAVE YOU FILED IN SMALL CLAIMS COURT? NO YES (COMPLETE THE FOLLOWING)

STATE AND COUNTY OF WHERE CASE FILED:	STATUS/RESULT:
DATE OF FILING:	CASE/FILE NUMBER:

HAVE YOU CONTACTED AN ATTORNEY? NO YES (COMPLETE THE FOLLOWING)

NAME OF ATTORNEY:	PHONE NUMBER (BUSINESS):
BUSINESS ADDRESS (STREET):	STATUS/RESULT:
(CITY, STATE ZIP CODE):	

HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY? NO YES (COMPLETE THE FOLLOWING)

NAME OF AGENCY:	STATUS/RESULT:
DATE OF COMPLAINT:	CASE/FILE NUMBER:

DO YOU KNOW OF ANY ADDITIONAL WITNESSES? NO YES (COMPLETE THE FOLLOWING)

NAME OF FIRST WITNESS:	PHONE NUMBER (HOME, CELL, OR BUSINESS):
HOME ADDRESS (STREET):	ADDITIONAL ADDRESS (STREET):
(CITY, STATE ZIP CODE):	(CITY, STATE ZIP CODE):

NAME OF SECOND WITNESS:	PHONE NUMBER (HOME, CELL, OR BUSINESS):
HOME ADDRESS (STREET):	ADDITIONAL ADDRESS (STREET):
(CITY, STATE ZIP CODE):	(CITY, STATE ZIP CODE):

CHECK IF ADDITIONAL AGENCIES WERE CONTACTED OR THERE ARE ADDITIONAL WITNESSES (INCLUDE IN NARRATIVE OF EVENTS)

