



CONSUMER AND ENVIRONMENTAL PROTECTION DIVISION  
SACRAMENTO COUNTY DISTRICT ATTORNEY

906 G Street, Suite 700  
Sacramento, CA 95814

Phone: (916) 874-6174 Fax: (916) 321-2232

www.sacda.org

Thien Ho  
District Attorney

FOR OFFICE USE ONLY	
FILE NUMBER	
<input type="checkbox"/> OPEN	ASSIGNED TO
<input type="checkbox"/> REFER	

CAO DA-1

### CONSUMER FRAUD COMPLAINT FORM

I understand that the Sacramento County District Attorney is **not** permitted to take action in order to obtain money owed to me, to help cancel any debt due on a contract I signed, or obtain any other personal relief for me. If the District Attorney determines to file a criminal and/or civil action in this matter, **I understand that such action will not result in the obtaining of money or other personal relief for me.** I also understand that the filing of this complaint does not prevent me from filing a private lawsuit with or without the aid of a private attorney or seeking restitution in Small Claims Court. I am filing this complaint with the Sacramento County District Attorney for the purpose of bringing this matter to their attention for review and any further action they may determine to be appropriate.

COMPLAINANT	NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	E-MAIL ADDRESS:
	HOME ADDRESS (STREET):	BUSINESS ADDRESS (STREET):	
	(CITY, STATE ZIP CODE):	(CITY, STATE ZIP CODE):	
	PHONE NUMBER (HOME):	PHONE NUMBER (BUSINESS):	PHONE NUMBER (ALTERNATE):

I wish to file a complaint against the company/individual named below. I understand that **the District Attorney's Consumer and Environmental Protection Unit is unable to represent private citizens seeking the return of their money or other personal remedies.**

COMPLAINT FILED AGAINST	NAME OF COMPANY, FIRM, OR INDIVIDUAL:	
	BUSINESS ADDRESS (STREET):	SALESPERSON NAME (IF ANY):
	(CITY, STATE ZIP CODE):	PHONE NUMBER (BUSINESS):
	TYPE OF BUSINESS OR SERVICE:	

CAUSE(S) FOR COMPLAINT	<input type="checkbox"/> ADVERTISED ITEM NOT AVAILABLE (IF CHECKED, PLEASE ATTACH COPY OF ADVERTISEMENT)	
	<input type="checkbox"/> DEFECTIVE MERCHANDISE	<input type="checkbox"/> ORAL MISREPRESENTATION
	<input type="checkbox"/> GUARANTEE OF CONTRACT NOT FULFILLED	<input type="checkbox"/> NON-DELIVERY OF MERCHANDISE
	<input type="checkbox"/> MISREPRESENTATION OF ADVERTISEMENT	<input type="checkbox"/> PROMISED ADJUSTMENT NOT FULFILLED
	<input type="checkbox"/> UNSATISFACTORY INSTALLATION OR SERVICE	<input type="checkbox"/> OTHER (DESCRIBE BELOW)

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**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> <tr> <td style="text-align: center; padding: 5px;">\$</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)

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**NARRATIVE OF EVENTS**

PLEASE DESCRIBE FULLY WHAT OCCURRED. DESCRIBE THE EVENTS IN THE ORDER THEY HAPPENED. IF NECESSARY, USE ADDITIONAL SHEETS OF PAPER AND SUBMIT THEM WITH THIS FORM.

ADDITIONALLY, PLEASE ATTACH **COPIES** (SUBMITTED ITEMS WILL NOT BE RETURNED) OF ALL ADVERTISEMENTS, BILLS, RECEIPTS, CONTRACTS, WARRANTIES OR DOCUMENTS IMPORTANT TO THIS MATTER.

I understand that a copy of this complaint may be mailed to the party complained against unless I state, in writing, why it should not be sent.

Large empty rectangular box for writing the narrative of events.

THE INFORMATION CONTAINED IN THIS COMPLAINT FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE SIGNED