



SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE
CONSUMER PROTECTION UNIT

**1355 West Street
Redding, CA 96001
Consumer Complaint (530)245-6300
Fax (530)245-6345**

I wish to file a complaint against the company or individual below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing the complaint to notify your office of the activities of this company or individual.

(Please print or type)

Your name:	Home Phone:
Address/City/State/Zip:	

(Complaint Filed Against)

Name of Company, Firm, or Individual:
Address/City/State/Zip:
Phone Number:
Salesperson or Representative's Name:

Name of Product or Service:
Was Product or Service Advertised? (Please attach a copy of advertisement)
Where/When:
Was a Contract Signed? (If yes, please attach a copy of the contract)

Would you object to a copy of this complaint being sent to the company or individual involved?

Yes No

Have you filed a complaint with another public agency (i.e. Police Department, Department of Consumer Affairs)?

Yes No Agency _____

Have you contacted a private attorney? (If yes, whom?)

Yes No Attorney _____

Are any lawsuits pending in this matter? (If yes, where and when filed?)

Yes No Case Number and Court _____

Names, addresses and phone numbers of witnesses:

1. _____

2. _____

How were you referred to the Consumer Protection Unit? _____

Once this office receives your completed complaint form, it will be logged and reviewed to determine if action can be taken by this office. Complaints are processed in the order they are received.

The information contained in this complaint form is true, correct and complete to the best of my knowledge.

Dated: _____

Signature: _____

Please attach a copy of any documentation you may have supporting your complaint and mail to:

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