CONSUMER PROTECTION UNIT
ORANGE COUNTY DISTRICT ATTORNEY

P.O. BOX 808
Santa Ana, CA 92702

reportascam@ocdistrictattorney.gov

If the District Attorney files a criminal or civil case in this matter, I understand that I may not receive money or other personal relief as a result of this action. I also understand that filing this complaint does not prevent me from filing a private lawsuit, with or without the aid of a private attorney, or from filing an action in Small Claims Court. I am filing this complaint for the purpose of bringing this matter to the attention of the Orange County District Attorney's Office. The Orange County District Attorney's Office may review this matter and take any action deemed appropriate.

YOUR INFORMATION

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

I wish to file a complaint against the company/individual named below. **I understand that the Orange County District Attorney's Office is unable to represent individuals in private lawsuits.**

COMPLAINT FILED AGAINST

NAME OF COMPANY, FIRM, OR INDIVIDUAL	
BUSINESS ADDRESS (STREET)	CITY, STATE, ZIP CODE
SALESPERSON'S NAME (IF ANY)	PHONE NUMBER (BUSINESS)
TYPE OF BUSINESS OR SERVICE	WEBSITE

COMPLAINT FILED AGAINST

☐ ADVERTISED ITEM NOT AVAILABLE	☐ UNSATISFACTORY INSTALLATION
☐ GUARANTEE OF CONTRACT NOT FULFILLED	☐ VERBAL MISPRESENTATION
☐ MISREPRESENTATION OF ADVERTISEMENT	☐ NON-DELIVERY OF MERCHANDISE
☐ PROMISED ADJUSTMENT NOT FULFILLED	☐ OTHER (DESCRIBE IN NARRATIVE)

CONSUMER PROTECTION UNIT
ORANGE COUNTY DISTRICT ATTORNEY

SUMMARY OF COMPLAINT

DATE OF TRANSACTION	LOCATION OF TRANSACTION/INCIDENT (ADDRESS, CITY, STATE) ☐ ON-LINE ☐ AT BUSINESS ☐ BY TELEPHONE
TOTAL LOSS **$**	NAME OF PRODUCT OR SERVICE INVOLVED

DID YOU COMPLAINT TO THE COMPANY OR TO AN INDIVIDUAL AT THE COMPANY?	☐ COMPANY ☐ INDIVIDUAL ☐ NO COMPLAINT MADE
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 A LAWSUIT IN SMALL CLAIMS COURT OR ANY OTHER COURT?	☐ NO ☐ YES (COMPLETE THE FOLLOWING)

STATE AND COUNTY 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 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	
IDENTIFY ANY ADDITIONAL AGENCIES THAT YOU CONTACTED		

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

NARRATIVE OF EVENTS

PLEASE COMPLETELY DESCRIBE THE EVENTS THAT OCCURRED IN CHRONOLOGICAL ORDER. IF NECESSARY, USE ADDITIONAL SHEETS OF PAPER AND SUBMIT THEM WITH THIS FORM.

PLEASE ATTACH COPIES OF ALL ADVERTISEMENTS, BILLS, RECEIPTS, CONTRACTS, WARRANTIES, OR ANY OTHER DOCUMENTS THAT PERTAIN TO THIS MATTER. SUBMITTED ITEMS WILL NOT BE RETURNED.

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.

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

SIGNATURE OF COMPLAINANT

DATE SIGNED

If you are submitting this form with other materials, please attach all supporting documents to your email and send to reportascam@ocdapa.org or mail it to OCDA, Consumer Protection Unit, P.O. BOX 808, Santa Ana, CA 92702.