



Lisa A. Smittcamp
District Attorney

CONSUMER AND ENVIRONMENTAL PROTECTION UNIT
FRESNO COUNTY DISTRICT ATTORNEY

Financial Crimes
P.O. Box 389
Fresno, CA 93708
www.fresnoda.org

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

I understand that the Fresno 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 may 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 Fresno 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):	

[check here]

*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	<input type="checkbox"/> UNSATISFACTORY INSTALLATION OR SERVICE
	<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"/> 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	
TOTAL LOSS: \$		NAME OF PRODUCT OR SERVICE INVOLVED:	
HAS THERE BEEN AN ATTEMPT TO RESOLVE THE PROBLEM?		<input type="checkbox"/> NO <input type="checkbox"/> YES (INCLUDE DETAILS IN NARRATIVE)	
HAS A CONTRACT OR WARRANTY BEEN SIGNED?		<input type="checkbox"/> NO <input type="checkbox"/> YES (INCLUDE A COPY OF THE PAPERWORK)	
HAVE YOU FILED IN SMALL CLAIMS COURT?		<input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE THE FOLLOWING)	
STATE AND COUNTY OF WHERE CASE FILED:		STATUS/RESULT:	
DATE OF FILING:	CASE/FILE NUMBER:		
HAVE YOU CONTACTED AN ATTORNEY?		<input type="checkbox"/> NO <input type="checkbox"/> 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?		<input type="checkbox"/> NO <input type="checkbox"/> 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?		<input type="checkbox"/> NO <input type="checkbox"/> 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):	



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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.

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

_____ _____
SIGNATURE OF COMPLAINANT DATE SIGNED

NOTE

If you wish to submit this form electronically, please check the box next to your signature above to sign this complaint using your typed signature. Email form to consumerprotection@fresnocountyca.gov.

If you are submitting this form with other materials, please print a completed copy of this form and mail it Financial Crimes, P.O. Box 389, Fresno, CA 93708