

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF FRAUD & CORRUPTION PROSECUTIONS
CONSUMER PROTECTION DIVISION
211 WEST TEMPLE STREET, SUITE 1000
LOS ANGELES, CALIFORNIA 90012-2660
(213) 257-2450

COMPLAINT FORM

1. _____
Complainant's Full Name Telephone Number

Address (Number, Street, City, State and Zip Code)

Email

MY COMPLAINT IS AGAINST:

2. _____
Name of Business and/or Individual

Address (Number, Street, City, State and Zip Code)

Full Name of Person With Whom You Dealt Telephone Number

3. Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors or controlling persons?

Yes No How Long? _____
Business Personal

4. _____
Place(s) Where Transaction(s) Occurred

Date(s) of Transaction(s)

5. Have you contacted the business or individual regarding your complaint?

Yes No Date(s) of Contact(s) _____

6. _____
(If Yes,) Person(s) Contacted Telephone Number

Results of Contact(s) _____

