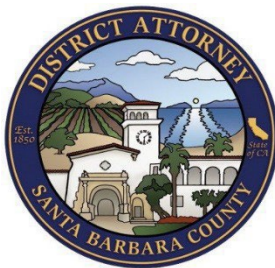


OFFICE OF THE  
**DISTRICT ATTORNEY**  
COUNTY OF SANTA BARBARA

**JOHN T. SAVRNOCH**  
District Attorney



**SONIA E. BALLESTE**  
Chief Deputy District Attorney

**KRISTINA PERKINS**  
Chief Investigator

**KELLY A. DUNCAN**  
Chief Deputy District Attorney

**MEGAN RHEINSCHILD**  
Victim-Witness Assistance  
Program Director

**MICHAEL SODERMAN**  
Chief Financial & Administrative  
Officer

**CONSUMER PROTECTION UNIT**

**CONSUMER COMPLAINT**

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:		Business Phone:
		Cell Phone:
City/State/Zip:		
DOB:	SSN (optional):	License/ID No.:
Email address:		

(Complaint Filed Against)

Name of Company, Firm, or Individual:	
Address:	
City/State/Zip:	Bus. Phone
Salesperson or Representative's Name:	
Name of Product or Service:	
Was Product or Service Advertised? (Attach a copy of advertisement) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where:	When:
Was a Contract Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a copy of the contract)	

1. Advertised item not available	<input type="checkbox"/>	5. Oral Misrepresentation	<input type="checkbox"/>
2. Defective Merchandise	<input type="checkbox"/>	6. Non-delivery of merchandise	<input type="checkbox"/>
3. Guarantee of contract not fulfilled	<input type="checkbox"/>	7. Promised adjustment not fulfilled	<input type="checkbox"/>
4. Misrepresentation of advertisement	<input type="checkbox"/>	8. Unsatisfactory installation or service	<input type="checkbox"/>
9. Other (Please explain):			

1. \_\_\_\_\_
2. \_\_\_\_\_

WOULD YOU OBJECT TO A COPY OF THIS COMPLAINT BEING SENT TO THE COMPANY OR INDIVIDUAL INVOLVED? ☐Yes ☐No  
(If yes, why?)

WOULD YOU OBJECT TO A COPY OF THIS COMPLAINT BEING SENT TO AN  
INVESTIGATIVE AGENCY? ☐ Yes ☐ No

(If yes, why?)

HAVE YOU FILED A COMPLAINT WITH ANY OTHER PUBLIC AGENCY? ☐ Yes ☐ No  
(If yes, whom?)

HAVE YOU CONTACTED A PRIVATE ATTORNEY? ☐ Yes ☐ No

ARE ANY LAWSUITS PENDING IN THIS MATTER? ☐ Yes ☐ No  
(If yes, WHEN and WHERE filed?)

**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 submit by email, mail, or fax.

Print

Submit by Email

Clear Form

**SANTA BARBARA COUNTY DISTRICT ATTORNEY**  
CONSUMER PROTECTION UNIT  
Robert Parmelee, Investigator  
1112 Santa Barbara Street  
Santa Barbara, California 93101

Phone: 805-568-2300

Fax: 805-560-1077

Email: ConsumerDA@countyofsb.org