



DEPARTMENT OF CONSUMER AFFAIRS
P.O. Box 942507, Sacramento, CA 94258-0507
(916) 322-3400



INTERNET COMPLAINT FORM
PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

Form with fields for: PERSON FILING COMPLAINT (COMPLAINANT), COMPLAINT FILED AGAINST (RESPONDENT), LICENSE/REG. NO IF KNOWN, ADDRESS (NUMBER), (STREET), (APT), (CITY), (STATE), (ZIP CODE), PHONE WHERE YOU CAN BE REACHED: 8am-5pm, BUSINESS PHONE NUMBER, HOME PHONE, WHO DID YOU DEAL WITH?

PLEASE SPECIFY TYPE OF COMPLAINT:

- Automotive Repair, Smog Check, Cemetery, Funeral, Crematory, Home Furnishings or Thermal Insulation, Hearing Aid Dispenser, Private Investigator, Repossession Agency, Locksmith, Security Guard/Firearm, Private Security Company, Firearm/Baton Training Facility/Instructor, Burglar Alarm Company

PRODUCT/MODEL/ ITEM OF CONCERN: DATE OF PURCHASE/REPAIR/SERVICE:

BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC--WHO, WHAT, WHEN, WHERE, HOW): (Use additional paper if needed)

WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?

READ THE FOLLOWING BEFORE SIGNING BELOW

Please attach to this form copies of any papers involved (contracts, bills received, correspondence, invoices, estimates, etc). Paperwork received will not be copied and/or returned.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE DATE