



**Consumer Mediation Program**  
**SANTA BARBARA COUNTY**  
**DISTRICT ATTORNEY**  
Santa Barbara Office (805)568-2390  
1112 Santa Barbara St., Santa Barbara, CA 93101  
Santa Maria Office (805) 346-7516  
312 D East Cook St., Santa Maria, CA 93436

**FOR OFFICE USE ONLY**  
Case No.: \_\_\_\_\_  
Category: \_\_\_\_\_  
Date Opened: \_\_\_\_\_  
Assigned to: \_\_\_\_\_  
Office: \_\_\_\_\_

**INSTRUCTIONS: FILL OUT BOTH SIDES OF THIS FORM. PLEASE PRINT OR TYPE. ATTACH COPIES OF ALL DOCUMENTS (CONTRACTS, RECEIPTS, CANCELLED CHECKS, CORRESPONDENCE, ETC.). DO NOT SEND ORIGINALS**

CONSUMER	COMPLAINT AGAINST
_____ Name	_____ Name of Business or Company
_____ Address (Number and Street)	_____ Salesperson/Representative
_____ City State Zip Code	_____ Address (Number and Street)
_____ Telephone (Home)	_____ City State Zip Code
_____ Telephone (Work)	_____ Telephone (Home) Telephone (Work)
	_____ Date of Transactions

Did you sign a contract or any other papers? ☐ Yes ☐ No – If YES, give the contract, invoice or charge account number and attach a copy of the document. Contract Account number: \_\_\_\_\_

Have you contacted the business regarding this complaint ☐ Yes ☐ No Salesperson or Representative contacted: \_\_\_\_\_

Have you filed this complaint with another consumer protection agency ☐ Yes ☐ No  
If so, agency name \_\_\_\_\_

Have you retained an attorney? Name: \_\_\_\_\_

Have you filed this complaint in Small Claims Court? ☐ Yes ☐ No Does complaint involve an active lawsuit or legal action? ☐ Yes ☐ No

Name of Product or Service involved: \_\_\_\_\_ Was the product or service advertised? ☐ Yes ☐ No

Date of advertisement: \_\_\_\_\_ ☐ Newspaper ☐ Radio

What do you consider a fair and reasonable settlement of your complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS

Please explain fully the events in the order in which they happened.  
Include any representations made regarding the product, service, or terms.  
Please use extra sheets if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Disrict Attorney's Consumer/Business Law Unit does not represent private citizens seeking the return of their money or other personal remedies. I am, however, filing this report to notify your office of the activities of this company. I am willing to sign a formal complaint and testify in court as to the statement involved herein.

**Please Read Before Signing**

I certify that the information contained in this complaint and all of the information that I have given is true, correct, and complete to the best of my knowledge.

In order to resolve my complaint, I understand that a copy of this form may be sent to the business or person against whom I have filed this complaint.

\_\_\_\_\_  
Signature Date Signed

**DO NOT FORGET TO INCLUDE COPIES (NOT ORIGINALS) OF ANY DOCUMENTS**