



**C O N S U M E R C O M P L A I N T F O R M**

**SUBJECT** (Person Complaint is against)

Last Name	First Name	Middle Name	
Business Name			
Business Address			
City		State Zip	Code
Business Phone ( )	Home Phone ( )	License Number	

**COMPLAINANT** (Person making the Complaint)

Last Name	First Name	Middle Name	
Address			
City		State Zip	Code
Business Phone ( )	Home Phone ( )	Best Time to Contact	

Did you have a contract or letter of agreement with the Subject?  Yes  No  
 If yes, attach a copy

Have you discussed your complaint with the Subject?  Yes  No

Have you contacted an attorney regarding this complaint?  Yes  No  
 If yes, provide your attorney's name address and phone number

Have you filed a claim in any court regarding this complaint?  Yes  No  
 If yes, name court and indicate hearing date

What do you want the Subject to do to satisfy your complaint?

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*Describe the events which led to your complaint and specify pertinent dates, monies paid, balances owed, amounts claimed by third parties, etc. Use additional sheets if necessary. Attach any documentation such as plans, contracts, proposals, communication, drawings which will help support your complaint. **The filing of this complaint does not prohibit you from filing a civil action.***

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*I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information contained in this form is true and correct. If called upon, I will assist in the investigation or in the prosecution of the Subject or other involved parties, and will, if necessary swear to a complaint, attend hearings and testify to the facts of this complaint.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_