

Consumer and Environmental Protection Complaint Form

Office of the District Attorney
County of Tulare



Office of the District Attorney, County of Tulare Consumer and Environmental Protection Unit

221 S. Mooney Blvd., Rm. 211, Visalia, CA 93291

P: (559) 636-5410 F: (559) 737-4473

www.tulareda.org • TCDAConsumerProtect@tularecounty.ca.gov

FOR OFFICE USE ONLY

FILE NUMBER

☐ OPEN
☐ REFER

ASSIGNED TO

I understand that the Office of the District Attorney, County of Tulare is not permitted to take action in order to obtain money owed to me, to help cancel any debt due on a contract I signed, or obtain any other personal relief for me. If the District Attorney determines to file a criminal and/or civil action in this matter, I understand that such action may not result in the obtaining of money or other personal relief for me. I also understand that the filing of this complaint does not prevent me from filing a private lawsuit with or without the aid of a private attorney or seeking restitution in Small Claims Court. I am filing this complaint with the Office of the District Attorney, County of Tulare for the purpose of bringing this matter to their attention for review and any further action they may determine to be appropriate.

COMPLAINANT

Full Name			Date of Birth	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone ()	Cell Phone ()		Email	

☐ I wish to file a complaint against the company/individual named below. I understand that the District Attorney's Consumer and Environmental Protection Unit is unable to represent private citizens seeking the return of their money or other personal remedies.

COMPLAINT FILED AGAINST

Name of Company, Firm, or Individual				
Business Address		City	State	Zip
Phone ()		Salesperson's Name (if any)		
Type of Business or Service				

CAUSE(S) FOR COMPLAINT

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertised Item Not Available | <input type="checkbox"/> Unsatisfactory Installation or Service | <input type="checkbox"/> Defective Merchandise |
| <input type="checkbox"/> Oral Misrepresentation | <input type="checkbox"/> Guarantee of Contract Not Fulfilled | <input type="checkbox"/> Non-Delivery of Merchandise |
| <input type="checkbox"/> Misrepresentation of Advertisement | <input type="checkbox"/> Promised Adjustment Not Fulfilled | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Other (Describe Below): | | |

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SUMMARY OF COMPLAINT

Date of Transaction/Incident	Location of Transaction (Address, City, State)	CHECK ONE: <input type="checkbox"/> At Business <input type="checkbox"/> Via Telephone
Total Loss \$	Name of Product or Service Involved	

Has there been an attempt to resolve the problem? (If yes, include **details** in narrative) ☐ Yes ☐ No

Has a contract or warranty been signed? (If yes, include a copy of the paperwork) ☐ Yes ☐ No

Have you filed in Small Claims Court? (If yes, complete the following) <input type="checkbox"/> Yes <input type="checkbox"/> No			
STATE WHERE FILED	COUNTY WHERE FILED	DATE OF FILING	CASE/FILE NUMBER
STATUS/RESULT			

Have you contacted an attorney? (If yes, complete the following) <input type="checkbox"/> Yes <input type="checkbox"/> No		
ATTORNEY NAME	PHONE NUMBER	BUSINESS ADDRESS
STATUS/RESULT		

Have you filed a complaint with another agency? (If yes, complete the following) <input type="checkbox"/> Yes <input type="checkbox"/> No		
AGENCY NAME	DATE OF COMPLAINT	CASE/FILE NUMBER
STATUS/RESULT		

Do you know of any additional witnesses? (If yes, complete the following) ☐ Yes ☐ No

NAME OF WITNESS #1	PHONE NUMBER	ADDITIONAL NUMBER	
ADDRESS	CITY	STATE	ZIP
ADDITIONAL ADDRESS	CITY	STATE	ZIP

NAME OF WITNESS #2	PHONE NUMBER	ADDITIONAL NUMBER	
ADDRESS	CITY	STATE	ZIP
ADDITIONAL ADDRESS	CITY	STATE	ZIP

NAME OF WITNESS #3	PHONE NUMBER	ADDITIONAL NUMBER	
ADDRESS	CITY	STATE	ZIP
ADDITIONAL ADDRESS	CITY	STATE	ZIP

NAME OF WITNESS #4	PHONE NUMBER	ADDITIONAL NUMBER	
ADDRESS	CITY	STATE	ZIP
ADDITIONAL ADDRESS	CITY	STATE	ZIP

NAME OF WITNESS #5	PHONE NUMBER	ADDITIONAL NUMBER	
ADDRESS	CITY	STATE	ZIP
ADDITIONAL ADDRESS	CITY	STATE	ZIP



NARRATIVE OF EVENTS

Please describe fully what occurred. Describe the events in the order they happened. If necessary, use additional sheets of paper and submit them with this form.

Additionally, please attach **copies** (*submitted items will not be returned*) of all advertisements, bills, receipts, contracts, warranties, or documents important to this matter.



I understand that a copy of this complaint may be mailed to the party complained against unless I state, in writing, why it should not be sent.

**THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE, CORRECT,
AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

9

SIGNATURE OF COMPLAINANT

DATE SIGNED

NOTE

If you wish to submit this form electronically, please check the box next to your signature above to sign this complaint using your typed signature. Email form by clicking button below (Sends form to TCDACustomerProtect@tularecounty.ca.gov)

If you are submitting this form with other materials, please print a completed copy of this form and mail it to:
Office of the District Attorney, County of Tulare, Consumer and Environmental Protection Unit
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