

OFFICE OF THE
DISTRICT ATTORNEY
 COUNTY OF SANTA BARBARA

JOHN T. SAVRNOCH
 District Attorney



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 Chief Deputy District Attorney

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 Chief Deputy District Attorney

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 Victim-Witness Assistance Program
 Director

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 Chief Deputy District Attorney

KRISTINA PERKINS
 Chief Investigator

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)	

CHECK CAUSES OF COMPLAINT:

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):	

Names, Addresses, and Phone Numbers of Witnesses:

1. _____

2. _____

EXPLAIN FULLY: Described events (who, what, when, where, how, and why) in the order in which they occurred, if possible. (Use additional sheets, if necessary.)

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

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Phone: 805-568-2300

Fax: 805-560-1077

Email: ConsumerDA@countyofsb.org