

CONSUMER COMPLAINT FORM

SUBJEC1 (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? If yes, attach a copy		Y	'es □ No	
Have you discussed your complaint with the Subject?		Yes No		
Have you contacted an attorney regarding this complaint? If yes, provide your attorney's name address and phone number			es 🗌 No	
Have you filed a claim in any court regarding this complaint? If yes, name court and indicate hearing date		☐ Yes ☐ No		
What do you want the Subject to do to satisfy your complaint?				

Describe the events which led to your complaint and specify pertinent dates, monies paid, balance owed, amounts claimed by third parties, etc. Use additional sheets if necessary. Attach and 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.
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: