



**SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE**  
**CONSUMER PROTECTION UNIT**

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**1355 West Street  
Redding, CA 96001  
Consumer Complaint (530)245-6300  
Fax (530)245-6345**

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/City/State/Zip:	

(Complaint Filed Against)

Name of Company, Firm, or Individual:
Address/City/State/Zip:
Phone Number:
Salesperson or Representative's Name:

Name of Product or Service:
Was Product or Service Advertised? (Please attach a copy of advertisement)
Where/When:
Was a Contract Signed? (If yes, please attach a copy of the contract)

Would you object to a copy of this complaint being sent to the company or individual involved?

Yes       No

Have you filed a complaint with another public agency (i.e. Police Department, Department of Consumer Affairs)?

Yes       No      Agency\_\_\_\_\_

Have you contacted a private attorney? (If yes, whom?)

Yes       No      Attorney\_\_\_\_\_

Are any lawsuits pending in this matter? (If yes, where and when filed?)

Yes       No      Case Number and Court\_\_\_\_\_

Names, addresses and phone numbers of witnesses:

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

Please use this page to explain the nature of your complaint. Describe events (who, what, when, where, how and why) in the order in which they occurred, if possible. Use additional sheets if necessary. If you wish to provide any documents (receipts, bills, letters), please provide us a copy and keep your original for your records.

How were you referred to the Consumer Protection Unit? \_\_\_\_\_

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*Once this office receives your completed complaint form, it will be logged and reviewed to determine if action can be taken by this office. Complaints are processed in the order they are received.*

**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 mail to:

SHASTA COUNTY DISTRICT ATTORNEY  
CONSUMER PROTECTION UNIT  
1355 WEST STREET  
REDDING, CA 96001

\*if this button does not work for you, please save the form, attach it and email to [consumerfraud@shastacounty.gov](mailto:consumerfraud@shastacounty.gov)