STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
PROGRAM AND CONSUMER SERVICES DIVISION
COMPLAINT RESOLUTION PROGRAM
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ANONYMOUS TIP FORM

PLEASE USE A SEPARATE FORM FOR EACH TIP

Tip filed against (business name) License/Reg. No. (if known)

Address (Number) (Street)

(City) (State) (Zip)

Business phone number:

(Area code)

Who did you deal with?

Product/Model/Item of Concern: Date of purchase/repair/service:

Briefly describe your issue (Be specific—who, what, when, where, how). (Use additional paper if needed.)

What do you recommend to resolve the issue?