



GENERAL COMPLAINT FORM

Please fill out a separate form for each complaint

COMPLAINANT INFORMATION

Person filing complaint (Complainant)

Address: Number and street	City	State	Zip Code
Phone where you can be reached (8am – 5pm)	E-mail address		

BUSINESS INFORMATION

Business or professional complaint is about; license/registration number

Who did you deal with?	Date of repair, service, or purchase
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What type of product or service is the complaint about?

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

What do you want the person or company do to to satisfy your complaint?

Have you filed this complaint with any other organization or government agency? Yes No
 If yes, please provide details below:

Agency Name	Contact Name	Phone Number	Case Number

Please attach copies of any documents, receipts, warranties, invoices, correspondence, photos, etc., that will help substantiate your complaint, sign below, and mail to the address at the top of this form.

I hereby certify under penalty of perjury under the laws of the State of California that to my knowledge all of the above statements are true and correct.

Signature _____ Date _____