

**SPECIAL PROSECUTION SECTION
COMPLAINT FORM**

Office of the District Attorney
County of Riverside
3960 Orange Street
Riverside, California 92501

Michael A. Hestrin, District Attorney
Special Prosecution Section
Kelli Catlett, Chief Deputy District Attorney

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM: I hereby acknowledge that I understand that the District Attorney's Office is not permitted to act as attorney on behalf of individuals. The District Attorney's Office may or may not decide to file an action on the basis of this complaint. If filed, the purpose of such an action will not be to obtain restitution on my behalf. I understand that filing this complaint does not take the place of seeking relief by filing suit with the aid of a private attorney or by filing an action in small claims court. INITIALS _____

Please PRINT or TYPE and fill out COMPLETELY and in DETAIL

Your Name _____ Date of Birth _____ Male _____ Female _____

Home Address _____

Business Address _____

Telephone: Home _____ Business _____

Name of Party(s) Complained About (Person & Firm): _____

Address _____

Telephone _____ Salesperson, if any _____

Location of Transaction _____

Date of Transaction _____ Product or Service Involved _____

Is advertisement involved? _____ Yes _____ No If so, please attach a copy.

Have you contacted a private attorney, law enforcement, or any other public agency? _____ Yes _____ No

Name of attorney or agency _____

Address _____

Has a small claims action been filed? _____ Yes _____ No If yes, date of next hearing _____

MAY THIS COMPLAINT BE SENT TO THE COMPANY COMPLAINED ABOUT? _____ Yes _____ No

On the back, explain fully what occurred, describing events in the order in which they occurred. Use additional sheets if necessary.

PLEASE COMPLETE STATEMENT OF FACTS AND SIGN ON REVERSE SIDE

**STATEMENT OF FACTS
TYPE OR PRINT**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____

Other witnesses: Yes No Name of witness: _____

Address of witness _____

Telephone number of witness _____

TODAY'S DATE: _____ YOUR SIGNATURE _____