



MERCED COUNTY DISTRICT ATTORNEY
FELONY/CONSUMER FRAUD DIVISION

550 W Main Street, Merced, CA 95340
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DISTRICT ATTORNEY
Larry D. Morse II

CHIEF INVESTIGATOR
Patrick D. Lunney

CONSUMER COMPLAINT QUESTIONNAIRE

THE LEGAL STAFF OF THE DISTRICT ATTORNEY'S OFFICE IS NOT PERMITTED TO REPRESENT PRIVATE CITIZENS IN COURT SEEKING THE RETURN OF THEIR MONEY OR OTHER PERSONAL REMEDIES.

COMPLAINT:

Your Name: Date:
Address: Home Telephone No.:
Street City State Zip Work Telephone No.:
Cell Telephone No.:

Are you a senior citizen? Yes No

SUSPECT:

(List name of firm or individual complaint is being made against. Identify Salesman or Representative dealt with.)

1. Name: Telephone No.:
Address: Street City State Zip

2. Name: Telephone No.:
Address: Street City State Zip

3. How did you hear of suspect? (Newspaper, TV, etc.):

DETAILS:

Date of Occurrence: Amount of Loss:

Location of Occurrence (City and County):

Was a contract signed? Yes No (If yes, please attach a copy to this form.)

Did you complain to the company? Yes No Date(s) of Complaint(s):

Do you have witnesses? Yes No Name(s), Address(es), and Telephone Number(s) of Witness(es):

Have you contacted an attorney? Yes No Name of attorney:

Are any civil actions (lawsuits) pending? Yes No County and Case No.:

Have you contacted any other agencies? Yes No Date of agency contact:

Agency Name, Address, and Telephone No.:

Are you willing to sign a complaint and testify in court? Yes No

BRIEFLY EXPLAIN THE FACTS UPON WHICH YOU BASE YOUR COMPLAINT, INCLUDING FIRST CONTACT WITH SUSPECT AND ANYTHING SUSPECT SAID/DID/REPRESENTED WHICH LATER PROVED TO BE FALSE. **PLEASE USE INK OR TYPEWRITER.** ATTACH ADDITIONAL REMARKS AND COPIES OF ANY DOCUMENTATION, I.E., CONTRACT, LETTERS, INVOICES, RECEIPTS, ETC. TO THIS FORM.

Lined area for writing the complaint details.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS DECLARATION WAS EXECUTED ON \_\_\_\_\_, 20\_\_\_\_\_, AT \_\_\_\_\_, CALIFORNIA.

\_\_\_\_\_  
(Signature)