



**COMMUNICATIONS DIVISION  
CONSUMER INFORMATION CENTER**  
1625 N. Market Blvd., Suite N-112, Sacramento, CA 95834  
P 800.952.5210 | www.dca.ca.gov

# GENERAL COMPLAINT FORM

Please fill out a separate form for each complaint

## COMPLAINANT INFORMATION

Person filing complaint (Complainant)			
First name	Middle name	Last name	
Address: Number and street		City	State ZIP Code
Phone where you can be reached (Monday through Friday, 8 a.m.–5 p.m.)		Email address	

## BUSINESS INFORMATION

Business or professional complaint is about; license/registration number			
Who did you deal with?		Date of repair, service, or purchase	
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? If yes, please provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 _____	

### Collection and Use of Personal Information

The Consumer Information Center of the Department of Consumer Affairs (DCA) collects the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act (Civil Code section 6250 and following). DCA uses this information to follow up on your complaint in accordance with DCA's Privacy Policy.