



Complete and return this form to:

**COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER
AND BUSINESS AFFAIRS**
500 WEST TEMPLE STREET, B-96
LOS ANGELES, CA 90012-2706
(800) 593-8222
Website: dcba.lacounty.gov

COMPLAINT FORM

FOR OFFICE USE ONLY

Case Number:
Category:
Date opened:
Assigned to:
Date closed:
Office:

Instructions: Fill out both sides. Type or use ink. Attach copies, not original documents that support your case, such as, contracts, receipts, canceled checks, letters, legal documents, and advertisements.

My Contact Information			Business I'm Complaining About		
Name			Name of Business		
Address			Salesperson or Representative		
City	State	Zip Code	Address		
Telephone (Day)		Telephone (Evening)	City	State	Zip Code
Cell phone			Telephone	Fax No.	
E-mail			E-mail		

Transaction Information

1. Transaction Date: _____ Amount paid: \$ _____

2. Did you sign a contract or other papers? (if yes, please attach a copy) Yes No

3. Have you contacted the business regarding this complaint? Yes No

4. Who do you make payments to? _____

5. Other agencies you filed this complaint with: _____

6. Have you hired an attorney? Yes No

7. Does this complaint involve a lawsuit or a Small Claims Court action? Yes No

Complete the Other Side → → →

