STATE OF CALIFORNIA
PIU 2
(Rev. 03/2019)

CONSUMER COMPLAINT AGAINST A BUSINESS/CORPORATION

Please read the Information Collection, Use and Access notice on page 3.

Xavier Becerra
Attorney General

PUBLIC INQUIRY UNIT
(916) 210-6276/ (800) 952-5225 Toll Free - CA only
TTY/TDD (800) 735-2929 (California Relay Service)
For TTY/TDD outside California contact your state's relay service number at http://www.fcc.gov/cgb/dro/trsphonebk.html
AG Web Site: http://www.ag.ca.gov/

Mail Form to:

Public Inquiry Unit
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

Print Form | Save Form | Reset Form

SECTION 1 - Your Information

First Name	MI	Last Name

Mailing Address	City	State	Zip Code

County of Residence	Country, if not U.S.	Day Phone Number	Cell Phone Number	E-Mail Address

Do you have a disability? (optional) ☐ Yes ☐ No

Age Range (optional): ☐ 12 & under ☐ 13-17 ☐ 18-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80 & over

Are you a member of the U.S. Armed Forces or a dependent? (optional)
☐ Yes ☐ No

If yes, please specify your military status:
☐ Active Duty Service Member ☐ Dependent Spouse - Service Member
☐ Dependent Child/Other - Service Member ☐ DoD Civilian ☐ Dependent Spouse - DoD Civilian
☐ Dependent Child/Other - DoD Civilian ☐ Military Retiree/Veteran
☐ Reserve Not on Active Duty/National Guard

SECTION 2 - Information About Company Against Which You Are Complaining

Full Name of Company

Mailing Address

City	State	Zip Code	Country, if not U.S.

Company's Internet Address (URL)	E-Mail Address

Telephone Number	Fax Number

SECTION 3 - Complaint Information

Product, item or service involved

Date of Transaction	Account Number (if applicable)

Total amount paid	Amount in dispute	How was payment made: ☐ Cash ☐ Check ☐ Credit Card ☐ Debit Card ☐ Money Order ☐ Wire Transfer ☐ Finance Agreement ☐ Other _____

Did you sign a contract or lease? ☐ Yes ☐ No	Where was the contract signed?	Starting date	Expiration date

Date you complained to the company or individual _____ ☐ By Mail ☐ By Telephone ☐ In Person	Person Contacted	His/Her phone number

Results

What result would you consider fair?

Have you contacted another agency about this? ☐ Yes ☐ No	If yes, name of agency

Do you have an attorney in this case? ☐ Yes ☐ No	If yes, name of your attorney	Attorney's Phone Number

Has your complaint been heard or is it scheduled to be heard in court? ☐ Yes ☐ No

If yes, where and when?

If already heard, what was the result?

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

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SECTION 4 - Information About the Transaction

How was initial contact made between you and the business?

- ☐ Person came to my home
- ☐ I went to company's place of business
- ☐ I received a telephone call from business
- ☐ I telephoned the business
- ☐ I received information in the mail
- ☐ I responded to a radio/television ad
- ☐ I responded to a printed advertisement
- ☐ I responded to a website or e-mail solicitation
- ☐ I received a fax solicitation
- ☐ I attended a trade show or convention
- ☐ Other _____

Where did the transaction take place?

- ☐ At my home
- ☐ At company's place of business
- ☐ By mail
- ☐ Over the phone
- ☐ Via computer (website or e-mail)
- ☐ Trade show or convention
- ☐ Other _____

SECTION 5 - Important Information

- If the complaint falls within the jurisdiction of another local, state or federal agency, you will be provided with appropriate referral information. In addition, the complaint may be shared with other government agencies.
- Please include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send originals.
- This office does not have the authority to give private legal advice or provide private legal representation to individual consumers.

SECTION 6 - Details of Complaint (use additional sheets if necessary)

SECTION 7 - Statement

I affirm that the information herein is true and accurate, and will sign a statement if needed.	☐ YES ☐ NO
You may send this complaint to the party named. By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters connected with this complaint.	☐ YES ☐ NO

Signature:	**Date:**

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Collection and Use of Personal Information. The Public Inquiry Unit in the Department of Justice collects the information requested on this form as authorized by Government Code Sections 11180, 11181, and 11182. The Public Inquiry Unit uses this information to review your complaint. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at https://oag.ca.gov/privacy-policy.

Providing Personal Information. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help resolve your complaint.

Access to Your Information. You may review the records maintained by the Public Inquiry Unit in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to follow up on your complaint, we may need to share the information you give us with the party you complained about or with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;

- To another government agency as required by state or federal law;

Contact Information. For questions about a written comment or complaint that you submitted to the Public Inquiry Unit, please fill-out and submit our online form, available at:

http://oag.ca.gov/contact/general-comment-question-or-complaint-form

Please specify in the "Your Comments" section the specific Public Inquiry Unit record that you are seeking. Or you may mail your request to Analyst, Public Inquiry Unit, Office of the Attorney General, P.O. Box 944255, Sacramento, CA 94244-2550. In addition, if you are seeking records maintained by another Department of Justice program, you should contact that program directly.