STATE OF CALIFORNIA

PIU 2 (Rev. 04/2021)

#### DEPARTMENT OF JUSTICE PAGE 1 of 3

Mail Form to:

ARTINO
Rob Bonta
Attorney General

## **CONSUMER COMPLAINT AGAINST** A BUSINESS/CORPORATION Please read the Information Collection, Use and Access

notice on page 3.

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

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.oag.ca.gov/

#### **SECTION 1 - Your Information**

First Name			MI	Last Nar	ne						
Mailing Address						City	,	Stat	e	Zip Code	
County of Residence		Country, if not U.S.		Day Phone	Phone Number		Cell Phone Number		E-Mail Address		
Do you have a disability? (optional)	Yes	] No	Age Range (optional):						0-79 🗌 80 & over		
Are you a member of the U.S. Armed Forces			If yes, please specify your military status:         Active Duty Service Member         Dependent Spouse - Service Member								
or a dependent? (optional)		01005	Dependent Child/Other - Service Member DoD Civilian Dependent Spouse - DoD Civilian								
Yes No			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			Sta	te	Zip Code		Country, if not	Country, if not U.S.			
Company's Internet Address (URL)					E-Mail Address						
Telephone Number					Fax Number						
SECTION 3 - Compla	int Informat	ion			1						
Product, item or service	involved										
Date of Transaction					Account Number (if applicable)						
Total amount paid     Amount in dispute     How was payment       Cash     C       Wire Transfer				Check							
Did you sign a contract or lease? Where was the contract signed?					Starting date E			E	xpiration date		
Date you complained to the company or individual     Person Contacted     His/Her phone number       By Mail     By Telephone     In Person								er			
Results				ŀ							
What result would you consider fair?											
Have you contacted another agency about this? Yes No											
Do you have an attorney in this case?  Yes No If yes, nar				f yes, name o	me 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 wa	as the result?										



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Rob Bonta
Attorney General
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# **CONSUMER COMPLAINT AGAINST** A BUSINESS/CORPORATION

SECTION 4 - Information About the Transaction	
How was initial contact made between you and the business?	Where did the transaction take place?
Person came to my home	At my home
I went to company's place of business	At company's place of business
I received a telephone call from business	🔲 By mail
I telephoned the business	Over the phone
☐ I received information in the mail	└── Via computer (website or e-mail)
□ I responded to a radio/television ad	Trade show or convention
□ I responded to a printed advertisement	☐ Other
□ I responded to a website or e-mail solicitation	
□ I received a fax solicitation	
I attended a trade show or convention	
Other	
SECTION 5 - Important Information	ate or federal agency, you will be provided with appropriate referral information.
<ul> <li>In addition, the complaint may be shared with other governme</li> <li>Please include copies of any supporting documents you may originals.</li> </ul>	
SECTION 6 - Details of Complaint (use additional sheets if nec	essary)
	••
SECTION 7 - Statement	
I affirm that the information herein is true and accurate, and will sign a state	ment if needed.
You may send this complaint to the party named. By filing this complaint, I communicate, including disclosure of non-public personal information, with connected with this complaint.	
Signature:	Date:



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### CONSUMER COMPLAINT AGAINST A BUSINESS/CORPORATION

**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 <u>http://oag.ca.gov/privacy-policy</u>.

**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;

-For law enforcement purposes, including the investigation and prosecution of violations of federal, state or local laws.

**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.