



NAPA COUNTY

GARY LIEBERSTEIN
DISTRICT ATTORNEY

DISTRICT ATTORNEY'S OFFICE
CONSUMER/ENVIRONMENTAL
PROTECTION DIVISION
931 Parkway Mall
Napa, CA 94559-2647
Phone: (707) 253-4059

Dear Consumers

Thank you for contacting the Consumer/Environmental Protection Division of the Napa County District Attorney's Office.

Attached please find your CONSUMER COMPLAINT FORM. This form should be filled out as completely as possible and returned to the address below. Please include a copy all receipts, bills, contracts and/or any other documentation you may have pertaining to your complaint. Do not include original documents.

We will evaluate your complaint and attempt to mediate the conflict after obtaining a response from the other party. Please remember that participation in this process is purely voluntary by both sides to the dispute. The matter may be evaluated by one of our attorneys for potential civil or criminal litigation if warranted. We will keep you informed of our efforts.

You should understand that we cannot act as your private attorney. You may wish to speak with a private attorney regarding your legal options. If the amount in dispute is less than \$5000 you may wish to pursue a Small Claims action. Please call 299-1131 or 253-4524 for further information about Small Claims Court.

Thank you for bringing this matter to our attention.

NAPA COUNTY DISTRICT ATTORNEY
CONSUMER/ENVIRONMENTAL PROTECTION DIVISION
P.O. BOX 720/931 PARKWAY MALL NAPA, CA 94559
TELEPHONE (707) 253-4059

CONSUMER COMPLAINT FORM

(PLEASE TYPE OR WRITE IN INK)

FOR OFFICE
USE ONLY:

DR ()
JH ()
RM ()
PG ()

NOTICE: THE DISTRICT ATTORNEY CANNOT ACT AS YOUR PRIVATE ATTORNEY. WE WILL EVALUATE YOUR COMPLAINT FOR MEDIATION OR A POTENTIAL ENFORCEMENT ACTION. A COPY OF YOUR COMPLAINT MAY BE SENT TO THE OTHER PARTY FOR THEIR RESPONSE.

1. YOUR NAME/ADDRESS/PHONE

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

WORK PHONE () _____

2. MY COMPLAINT IS AGAINST

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

WORK PHONE () _____

3. DESCRIBE WHAT YOU WANT THE OTHER PARTY TO DO TO RESOLVE THIS MATTER:

4. QUESTIONNAIRE (Where applicable, please circle Y [Yes] or N [No])

a. DATE WHEN YOUR COMPLAINT OCCURRED: _____

b. PRODUCT OR SERVICE INVOLVED: _____

c. WAS ANY MONEY PAID? Y N

IF YES, DATE: _____

AMOUNT PAID: \$ _____

TO WHOM: _____

BY CHECK Y N; Cash Y N; CREDIT CARD: Y N

d. WERE ADVERTISEMENTS INVOLVED? Y N

IF YES, DATE: _____

WHERE DISPLAYED: _____

COPIES ATTACHED: Y N

e. DID YOU SIGN ANYTHING? Y N

IF YES, DATE: _____

TYPE OF DOCUMENT: _____

COPIES ATTACHED? Y N

f. HAVE YOU CONTACTED ANY OTHER AGENCY FOR HELP? Y N

IF YES, LIST AGENCIES....AND, IF RECEIVED, THEIR SUGGESTIONS:

PLEASE COMPLETE OTHER SIDE

