



OR

**Select "Submit Form" to send by
 email to: dms@cdfa.ca.gov**

| | | | |
|--|--------|------|-----------|
| COMPLAINT SUBMITTED | | Date | Time |
| WHERE (<i>Location where the problem or complaint occurred</i>) | | | |
| Address | | | Phone |
| City | E-mail | | |
| County | | | |
| WHEN (<i>Date and time of incident or situation</i>) | | Date | Time |
| WHAT (<i>Describe complaint in detail</i>) | | | |
| DESCRIBE THE PERSON WHO ASSISTED YOU AT THE LOCATION (<i>Person's name and any distinguishing characteristics</i>) | | | |
| DESCRIBE THE PERSON WHO YOU COMPLAINED TO AT THE LOCATION (<i>Person's name and any distinguishing characteristics</i>) | | | |
| HAVE YOU CONTACTED any other agency, consumer or legal? | | | Yes No |
| IF YES, who? | | | |
| IF WE CONTACT THE BUSINESS , do you wish to remain anonymous? | | | Yes No |
| WOULD YOU LIKE TO BE NOTIFIED of the results of the investigation or activity? | | | Yes No |
| IF YES , please complete this section: | | | |
| Name | | | |
| Address | | | |
| City & Zip | | | |
| E-mail | | | Phone |