



OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF RIVERSIDE



MICHAEL HESTRIN
District Attorney

SPECIAL PROSECUTION SECTION COMPLAINT FORM

PLEASE READ THE FOLLOWING AND INITIAL BELOW BEFORE COMPLETING THIS FORM: I hereby acknowledge that I understand that the District Attorney's Office is not permitted to act as attorney on behalf of individuals. The District Attorney's Office may or may not decide to file an action based on this complaint. If filed, the purpose of such an action will not be to obtain restitution on my behalf. I understand that filing this complaint does not take the place of seeking relief by filing suit with the aid of a private attorney or by filing an action in small claims court.

INITIALS:

Your Information:

Check this box if you are completing this form for the complainant

Name:		DOB:	
Complainant name (if different from above):			
Home Address:			
Business/Alternate Mailing Address:			
Phone (primary):	Phone (alternate):	Email:	

Complaint Filed Against:

Name(s) of business and/or individual, including any salesperson/representative involved:		
Name(s) of salesperson and/or representative involved, if any:		
Address:		
Phone (primary):	Phone (alternate):	Email:

Summary of Complaint:

Place(s) where transaction(s)/incident(s) occurred and date(s):
Product, incident or service involved:
Was there an advertisement or correspondence involved? If yes, please attach a copy to your complaint.
Have you contacted the business or individual regarding your complaint? If yes, please list: <ul style="list-style-type: none">• Specific date(s) of contact(s):• Name and contact information of person(s):• Results of contact:
Have you contacted law enforcement, or any other public agency? If yes, please list: <ul style="list-style-type: none">• Name of agency:• Agency report number:• Name of person you contacted:
Have you contacted a private attorney about this matter? If yes, please list: <ul style="list-style-type: none">• Name of attorney and/or law firm:• Attorney contact information:
Has a civil action in any court been filed? If yes, please list: <ul style="list-style-type: none">• County of filing:• Court case number:• Date filed:• Date of next hearing, if applicable:

Statement of Facts:

PLEASE PROVIDE A DETAILED EXPLANATION OF WHAT OCCURRED, DESCRIBING EVENTS IN CHRONOLOGICAL ORDER. Use additional sheets if necessary. Please attach COPIES (not originals) of all relevant documents to support your complaint.

Do you know of any other victims in this matter? If yes, please provide names, addresses, email addresses and phone numbers for each victim:

DATE:

By typing your name here, you are acknowledging that you have signed this document.

Number of attached documents:

PLEASE SUBMIT YOUR COMPLETED COMPLAINT FORM AND APPLICABLE ATTACHMENTS TO THE RIVERSIDE COUNTY DISTRICT ATTORNEY'S OFFICE:

Mail to: Riverside County District Attorney's Office
ATTN: SPECIAL PROSECUTIONS SECTION
3960 Orange Street
Riverside, CA 92501

OR

Email to: SPSComplaint@rivcoda.org