



NAPA COUNTY DISTRICT ATTORNEY'S OFFICE
CONSUMER/ENVIRONMENTAL PROTECTION DIVISION

931 Parkway Mall
Napa, CA 94559
www.countyofnapa.org/da/consumerdivision

Main: (707) 253-4059
Fax: (707) 253-4041
daconsumer@countyofnapa.org

ALLISON HALEY
District Attorney

Dear Consumer:

Thank you for contacting the Consumer/Environmental Protection Division of the Napa County District Attorney's Office. We enforce consumer protection laws and provide mediation for consumer complaints.

The District Attorney's Office **cannot act as your private attorney or give you legal advice**. We will evaluate your complaint for mediation, referral to another agency, or possible civil or criminal enforcement action. If mediation is appropriate, a copy of the complaint may be sent to the other party for their response. Please remember that participation in mediation is voluntary for both sides to the dispute.

A Consumer Complaint Form is attached. You should first attempt to resolve your complaint directly with the business. If that is unsuccessful, please complete the attached form in the following manner:

1. Fill out the attached form completely and with as much detail as possible.
2. Attach copies, **not originals**, of all documents related to your complaint; *e.g.*, receipts, contracts, work orders, purchase orders, canceled checks, advertisements, correspondence, etc.
3. Sign the form.
4. Mail, fax, or email the form with attachments to:

Napa County District Attorney's Office
Consumer/Environmental Protection Division
931 Parkway Mall
Napa, CA 94559
Email: daconsumer@countyofnapa.org
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You may also wish to speak with a private attorney regarding your legal options. If the amount in dispute is less than \$10,000 you may wish to pursue a Small Claims action. Please call the Napa County Superior Court at (707) 299-1130 for further information about Small Claims Court or visit their website at <http://www.napa.courts.ca.gov/divisions/small-claims>.

Sincerely,

Consumer/Environmental Protection Division

Enclosure



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CONSUMER COMPLAINT FORM

NOTICE: THE DISTRICT ATTORNEY'S OFFICE CANNOT ACT AS YOUR PRIVATE ATTORNEY. This office will evaluate your complaint for mediation or a potential enforcement action. A copy of your complaint may be sent to the other party for its response. Should mediation fail and you decide to pursue your civil remedies, this office will only release the documentation that you provided to this office. Any other documentation associated with your complaint shall be kept confidential.

1. YOUR NAME/ADDRESS/PHONE/EMAIL:

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

2. MY COMPLAINT IS AGAINST:

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

3. QUESTIONNAIRE *Where applicable, please check Y (Yes) or N (No):*

- a. DATE OF OCCURANCE: _____
- b. PRODUCT OR SERVICE: _____
- c. WAS ANY MONEY PAID? Y N , IF YES, DATE: _____ AMOUNT PAID: \$ _____
TO WHOM: _____ BY (✓ ONE): DEBIT/CREDIT CARD CASH CHECK
- 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 THEIR SUGGESTIONS, IF ANY:

PLEASE COMPLETE OTHER SIDE

