

Santa Cruz County District Attorney's Office
Consumer Fraud Protection Division
701 Ocean Street, Room 200
Santa Cruz, CA 95060

DATE: _____

Price Gouging Incident Report

I wish to report an incident of price gouging by the company / individual named below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing this report to notify your office of the activities of this company / individual.

NAME OF COMPANY / INDIVIDUAL
YOUR ARE COMPLAINING AGAINST:

ADDRESS:

CITY/ STATE/ZIP:

TELEPHONE:

INCIDENT/TRANSACTION DATE:

In what city did the events described in your complaint occur?

DESCRIBE EVENTS IN THE ORDER IN WHICH THEY OCCURRED:

Please include locations, names, dates, and other specific information (Use additional sheets of paper, if necessary.)

YOUR NAME: (Print or Type)

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

BUSINESS TELEPHONE:

Please return this form and enclose legible photocopies of all checks (front and back), contracts, advertisements, correspondence, and all other documents relating to your complaint. Please keep all of your original documents and a copy of this completed form for your reference.