



RON FREITAS
District Attorney, San Joaquin County
PROTECTING OUR COMMUNITY SINCE 1850

Instructions for Completing the Consumer Fraud Referral Form

Thank you for sharing information that may be relevant to establishing past or ongoing consumer fraud. We sincerely hope this information will be of assistance to you. Before filling out the attached referral form, please take the time to read these instructions. They will help you to understand our function, and we will be better able to understand and act on your complaint.

The San Joaquin County District Attorney's Office Consumer Fraud Unit investigates and prosecutes consumer fraud occurring throughout the county. The types of cases that may be considered for investigation by the Consumer Fraud Unit include but are not limited to fraud related to contracting without a license, fraudulent auto repairs, complaints against attorneys, false advertising, price gouging, and other scams targeting consumers.

When we receive a citizen complaint, we review all the information and the supporting documentation that is included. If the complaint does not meet the criteria required for our office to open a case, we will do our best to refer you to an agency that will appropriately handle the type of matter involved.

Many consumer fraud-related disputes are not appropriate for government action but are better suited for private legal action. It may be a good idea to consult with private counsel to explore private legal remedies that might be available.

This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer complaints, or obtain any other personal relief. Those functions may be performed by other governmental agencies established for that purpose.

If you believe you have been a victim of real estate fraud, or you have information about consumer fraud being committed in San Joaquin County, please complete this complaint form.

How You Can Help Us:

- A. Type or print clearly in ink.
- B. Write or type a clear and concise summary of your complaint and attach the summary to the complaint form. Additional pages may be attached if needed for further remarks. Please include the following information:
1. Tell us **what** happened in chronological detail and be specific.
 2. Tell us **who** you think is the person(s) or company that is responsible for the loss(es), conversion(s) or fraudulent act(s).
 3. Tell us **where** (address, city, and state) the incident(s), conversion(s), or act(s) took place. Please include the property address(es) involved in the fraudulent transaction(s).
 4. Tell us **when** the loss(es), conversion(s) or fraudulent act(s) occurred.
 5. Tell **how** you know the representations were false or how you know fraud was committed.
 6. Tell us **when** and **how** you first became aware that you may have been defrauded or that fraud was committed. If an individual(s) or a company is named in your complaint, please list the exact dates of contact. If someone else made you aware of the potential crime, please include the person's name(s), address(es), and telephone number(s).
 7. Tell us what your actual financial loss is, if any, or if known. Do not include lost interest, unrealized profits, or missed opportunities.
- C. Documentary evidence is especially important. Therefore, please include photocopies of all documents and materials (*contracts, agreements, certificates, notes, deeds, correspondences, legible copies of involved checks, front and back, escrow and/or loan documents, etc.*) you wish us to review. **Please retain the originals for your records.**
- D. Upon completion of all sections of the complaint form, please mail the form along with an attached narrative and copies of your supporting documentation to:

San Joaquin County District Attorney's Office
Consumer Fraud Unit
Attn: Julie Sanchez
222 E. Weber Avenue
Stockton, CA 95202

All complaints must have the attached complaint form, completely filled out, signed, and dated by the complaining party (not by their attorney) before a case can be reviewed.



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CONSUMER FRAUD REFERRAL FORM

PLEASE TYPE OR PRINT LEGIBLY

I. COMPLAINANT (Person Filing Complaint) (All information must be provided.)

LAST NAME		FIRST NAME		INITIAL
DATE OF BIRTH		OCCUPATION		
STREET ADDRESS or P.O. BOX		APT. NO.	DRIVER'S LICENSE / IDENTIFICATION NUMBER	
CITY		STATE	ZIP CODE	
DAY TELEPHONE NUMBER ()		EVENING TELEPHONE NUMBER ()		
FAX NO.	E-MAIL			

II. SUSPECT (Business or Person the Complaint is against)

NAME OF BUSINESS or PERSON		
STREET ADDRESS or P.O. BOX		TELEPHONE NUMBER ()
CITY		STATE ZIP CODE
INDIVIDUAL NAME		
STREET ADDRESS or P.O. BOX		APT. NO. TELEPHONE NUMBER ()
CITY		STATE ZIP CODE

