



PUBLIC COMMENTS, COMPLAINTS & SUGGESTIONS

PLEASE USE A SEPARATE FORM FOR EACH COMMENT/COMPLAINT

The Citizen Complaint Act of 1997 requires that we provide a method for use by California citizens to comment/complain about the **Boards, Bureaus, Programs, or Divisions within the Department of Consumer Affairs.**

PERSON FILING COMPLAINT:	WHICH BOARD/BUREAU/PROGRAM.DIVISION IS THE COMMENT OR COMPLAINT ABOUT?
ADDRESS: (NUMBER AND STREET)	PERSON WITH WHOM YOU DEALT:
CITY, STATE, AND ZIP CODE	LOCATION OF ABOVE (Sacramento, District Office, etc.)
TELEPHONE NUMBER (8am to 5pm, include area code)	TELEPHONE NUMBER(S): (Include area code)
DO YOU WANT TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WISH TO REMAIN ANONYMOUS, WE MAY NOT BE ABLE TO ADDRESS YOUR SPECIFIC ISSUE.

DESCRIBE YOUR COMMENT OR COMPLAINT (Be specific-who, what, when, where, how):

Mail this completed form to the address listed at the top of this form.

SIGNATURE _____

DATE _____