

# County of Santa Clara

Office of the District Attorney

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## COMPLAINT FORM - REAL ESTATE FRAUD UNIT

**This form and any materials you provide may be subject to discovery and used in court in a criminal prosecution and you may be examined or cross-examined on the facts you provide.**

1. Please complete this form and return to the above address. Print clearly in dark ink.
2. Please attach a written statement with a description of the illegal contact.
3. Provide all supporting documents (e.g. loan file, escrow file, deeds of trust, etc.)
4. Write the correct address and telephone no. of the business, sign and date your complaint.

<b>COMPLAINANT</b>		Date of Birth	Driver's License No.	
Your Name:				
Street Address: ↓		City	State	Zip
Day Telephone:		Night Telephone		
<b>NAME OF BUSINESS/ INDIVIDUAL ABOUT WHICH YOU ARE COMPLAINING:</b> Identifying Information, (i.e. name, license #., etc.) ↓				
Street Address ↓		City	Zip	Telephone
Date of Transaction / City of Transaction ↓		Amount of Loss \$	How Paid? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Did you sign a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		Date		
Was product or service advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		Date		
Have you complained to the company or the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No      How? <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In person		Date		
Person Contacted:		Job Title:		
How did the business/ individual respond?		Date		
Has matter been submitted to another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give name:				
Have you contacted a private attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is court action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Attorney's name:				
Nature of Complaint (e.g. forgery, theft, fraud, etc.)				
What form of relief are you seeking? (e.g. exchange, repair, money back, etc.):				

**IMPORTANT:** You are also advised to consult with a private civil attorney to determine what civil remedies are available to you. **The District Attorney's Office will not attempt to delay or stop a foreclosure sale on behalf of a homeowner.** If you believe your home is being wrongfully foreclosed upon you should consult with a civil attorney.

<b>Who was your real estate agent or broker In the transaction? (if applicable?)</b>
Name(s):
Address:
Phone:

<b>Who was the lender/Investor In the transaction? (if applicable)</b>
Name(s):
Address:
Phone:

<b>Who was the title company In your transaction? (if applicable)</b>
Name(s):
Address:
Phone:

<b>Who was the buyer In your transaction? (if applicable)</b>
Name(s):
Address:
Phone:

<b>Who was the seller In your transaction? (if applicable)</b>
Name(s):
Address:
Phone:

<b>Other parties / witnesses to transaction:</b>
Name
Address:
Phone:

Additional Information:

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**The information in this complaint form is true and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2) STATE CONDUCT YOU BELIEVE IS ILLEGAL:**

3) **STATE THE DATE YOU FIRST DISCOVERED YOU HAD BEEN DEFRAUDED OR THE VICTIM OF A REAL ESTATE CRIME:** \_\_\_\_\_

**4) PLEASE STATE IN DETAIL HOW YOU FIRST DISCOVERED YOU HAD BEEN VICTIMIZED:**

**5) LIST OF EVENTS – IN CHRONOLOGICAL ORDER: (Earliest Date to Current Date)**

**Month/Year** • **What Happened**[illegible]

[illegible]

(Use additional binder paper if needed)

**6) COPIES OF DOCUMENTS I AM INCLUDING:**

\_\_\_\_\_ **Purchase or Sale Contract**

\_\_\_\_\_ **Deed of Trust**

\_\_\_\_\_ **Escrow File**

\_\_\_\_\_ **Loan File**

\_\_\_\_\_ **Secondary Loan File**

\_\_\_\_\_ **Copies of checks**

\_\_\_\_\_ **Other:** \_\_\_\_\_

**7) DID YOU RECEIVE HELP PREPARING THIS COMPLAINT? IF YES, PLEASE STATE THE NAME OF THE PERSON WHO HELPED YOU, HIS OR HER ADDRESS AND TELEPHONE NUMBER AND HOW HE OR SHE IS RELATED TO YOU:**

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