



CONSUMER PROTECTION UNIT
ORANGE COUNTY DISTRICT ATTORNEY
OPIOID LAWSUIT COMPLAINT FORM

401 Civic Center Drive West, P.O. Box 808
Santa Ana, CA 92701

PHONE: (714) 834-3600

www.orangecountyda.com

The Orange County District Attorney (OCDA) and Office of the County Counsel for the County of Santa Clara (OCCCSC) have filed a civil consumer protection lawsuit against five large pharmaceutical companies for endangering patients and deceiving doctors by intentionally misrepresenting the dangerously addictive nature and the questionable benefits of opioids for the treatment of long-term non-cancer pain to expand their market and profit for the drugs. If you believe you have information that could be relevant to this matter, please fill out the appropriate fields on this form.

**YOUR
INFORMATION**

NAME (LAST, FIRST, MIDDLE):		DATE OF BIRTH:	E-MAIL ADDRESS:
HOME ADDRESS (STREET):		BUSINESS ADDRESS (STREET):	
(CITY, STATE, ZIP CODE):		(CITY, STATE, ZIP CODE):	
PHONE NUMBER (HOME):	PHONE NUMBER (BUSINESS):	PHONE NUMBER (ALTERNATE):	

**COMPLAINT
FILED AGAINST**

NAME OF COMPANY, FIRM, OR INDIVIDUAL:	
BUSINESS ADDRESS (STREET):	
(CITY, STATE, ZIP CODE):	PHONE NUMBER (BUSINESS):
TYPE OF BUSINESS OR SERVICE:	PHONE NUMBER (ALTERNATE):

**REASON FOR
COMPLAINT**

Check all that apply:
My Information/Complaint:

Provides general information on this matter Involves a complaint against a prescribing physician or pain management clinic

Involves general prescribing issues Involves you, a friend or family member who was harmed



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SUMMARY OF COMPLAINT

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HAVE YOU CONTACTED AN ATTORNEY?		<input type="checkbox"/> NO
		<input type="checkbox"/> YES (COMPLETE THE FOLLOWING)
NAME OF ATTORNEY:	PHONE NUMBER:	
BUSINESS ADDRESS (STREET):	STATUS/RESULT:	
(CITY, STATE, ZIP CODE):		

HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY?		<input type="checkbox"/> NO
		<input type="checkbox"/> YES (COMPLETE THE FOLLOWING)
NAME OF AGENCY:	STATUS/RESULT:	
DATE OF COMPLAINT:	CASE/FILE NUMBER:	
IDENTIFY ANY ADDITIONAL AGENCIES THAT YOU CONTACTED:		

DO YOU KNOW OF ANY ADDITIONAL WITNESSES?		<input type="checkbox"/> NO
		<input type="checkbox"/> YES (COMPLETE THE FOLLOWING)
NAME OF FIRST WITNESS:	PHONE NUMBER (HOME, CELL, OR BUSINESS):	
HOME ADDRESS (STREET):	ADDITIONAL ADDRESS (STREET):	
(CITY, STATE, ZIP CODE)	(CITY, STATE, ZIP CODE)	
NAME OF SECOND WITNESS:	PHONE NUMBER (HOME, CELL, OR BUSINESS):	
HOME ADDRESS (STREET):	ADDITIONAL ADDRESS (STREET):	
(CITY, STATE, ZIP CODE)	(CITY, STATE, ZIP CODE)	

