

**SMALL BUSINESS/DISABLED VETERAN BUSINESS ENTERPRISE  
COMPLAINT FORM**

CV 018 (REV. 05/2019)

Page 1 of 2

**CONFIDENTIAL**

This document contains personal information and subject to Civil Code 1798.24, it shall be kept confidential in order to protect against unauthorized disclosure.

**Section I - Complainant Information**

Name:	E-mail:
Phone Number (Include Area Code):	Work Phone Number (Include Area Code):
Address:	City, State, Zip:

Are you filing this complaint on your own behalf?  Yes (Go to Section II)  No

If not, please indicate the name and your relationship to the person for whom you are complaining:

Briefly and clearly explain why you have filed for a third party.

**Section II - Small Business (SB) OR Disabled Veteran Business Enterprise (DVBE)**

<input type="checkbox"/> SB	Reason for Complaint:	<input type="checkbox"/> Commercially Useful Function	<input type="checkbox"/> Fraud	<input type="checkbox"/> Prompt Payment Issue
<input type="checkbox"/> DVBE		<input type="checkbox"/> Substitution	<input type="checkbox"/> Other: _____	

Have you already filed a complaint?  Yes  No If yes, date of initial request \_\_\_\_\_ Date of 2nd request \_\_\_\_\_

Have you filed, or intend to file, a complaint with another agency?  Yes  No If yes, please list all agencies \_\_\_\_\_

Name of SB/DVBE:	SB/DVBE Certification Number:	Location including City, State, Zip:
Name of Prime Contractor:	Contract Number:	Current Location:

Explain as briefly and clearly as possible what happened, and how you learned about the issue, include date of alleged violation (Month, Day, Year). Indicate all persons who were involved. Be sure to describe how the fraud/misuse is taking place. Attach any written material pertaining to your case.

Provide any additional information, including witnesses that you believe would assist in the investigation.

Signature of Complainant:	Date:
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**FOR OFFICE USE ONLY**

Location: _____	Program/Division: _____	Case: _____
Date Complaint Received: _____	Date Referred: _____	Processed by: _____
Referred to: <input type="checkbox"/> USDVA <input type="checkbox"/> DIR <input type="checkbox"/> DGS <input type="checkbox"/> Statewide Advocate <input type="checkbox"/> Other: _____		

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**Instructions**

To file a complaint on a prime, certified, or non-profit recognized firm, complete this form and attach all supporting documentation. Mail, e-mail or fax the completed form and supporting documentation to the address, e-mail, or fax number below.

**Section I**

Complainant Information - All complaints must be in writing and signed by the Complainant. If information is provided verbally, the completed complaint forms will be e-mailed to the Complainant for signature. Complaints must include the Complainant's name, address, phone number, and signature. Complaints may be completed on behalf of Complainant but must have Complainant's signature.

**Section II**

SB/DVBE - Any fraud or misuse of the SB or DVBE program, including but not limited to: commercially useful function, pass through, lack of control or other issue.

Filing Options and Time Limits - The use of the complaint form is not mandatory. Complaints may be submitted in any form that includes Complainant's signature.

Complaints must be filed no later than 180 days after the date of the alleged violation unless the time for filing is extended. Failure to supply all information may be grounds for rejecting the complaint.

Submit signed complaint forms via one of the following:

Mail: California Department of Veterans Affairs Office of Procurement and Contracts  
SB/DVBE Coordinator  
1227 O Street  
Sacramento, CA 95814

E-mail: [SBDVBCompliance@calvet.ca.gov](mailto:SBDVBCompliance@calvet.ca.gov)

Fax: (916) 653-2421

For questions or concerns regarding filing a complaint, please call (916) 653-5999 or e-mail [SBDVBCompliance@calvet.ca.gov](mailto:SBDVBCompliance@calvet.ca.gov).

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 503-8323, TTY 711, or write to Records and Forms Management, 1227 O Street, Sacramento, CA 95814.