



CalRecycle 862 (Rev. 04/2024)

Department of Resources Recycling and Recovery • Division of Recycling
1001 I Street, MS 10C • Sacramento, California 95814 • <http://www.calrecycle.ca.gov/>

Predatory Pricing Complaint Form

(Department use only)

Date Complaint Form Requested:

Case Number:

Request Received by:

Telephone:

FAX: (916) 319-7717

Complaint (To be completed by complainant)

Complainant Name:

Name of Participant:

Certification Number:

Street Address:

City:

State:

ZIP:

Telephone:

Fax:

Name of Supermarket Site:

Owner/Representative:

Certification Number:

Street Address:

City:

State:

ZIP:

Telephone:

FAX:

Date of Occurrence:

Dollar amount paid:

Material type:

Please provide below a summary of the facts and allegations that form the basis of the complaint:

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signed this day:

, in:

County of:

Signature of Owner/Operator:

Analysis (Department use only)

Date CalRecycle received completed Complaint Form:

(ref. 14CCR § 2135 (c))

Is the Supermarket Site R/C eligible to receive handling fees?

Yes

No

Has the recycler received handling fees in the past 60 days?

Yes

No

If so, list dates:

Audit to be conducted: Yes

No

Assigned to: