

JEFFREY S. ROSELL
DISTRICT ATTORNEY



**OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF SANTA CRUZ**

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**FOR IMMEDIATE RELEASE
March 18, 2020**

Contact: Consumer Affairs Unit (831) 454-2050

ILLEGAL PRICE GOUGING DURING COVID-19 EMERGENCY

The Governor issued a proclamation of a state of emergency to deal with the novel coronavirus or COVID-19 on March 4, 2020.

Price gouging, as defined in Penal Code section 396, is illegal after such a proclamation or declaration. Specifically, it is a crime to sell items such as consumer food items or goods, and emergency or medical supplies, during the state of emergency or local emergency for a price that is more than 10% greater than the price charged by the seller of those goods or services immediately before the proclamation or declaration of the emergency. There is an exception if the price increase is because of additional costs imposed by the supplier of the goods or for additional costs for labor or materials. A violation of section 396 is a misdemeanor punishable by up to one year in county jail and a fine of up to \$10,000.

A person who would like to report an incident of price gouging in Santa Cruz County should contact the District Attorney's Office by calling (831) 454-2050 or complete the Price Gouging Incident Report, which is attached below. The form can be emailed to cfep@santacruzcounty.us or sent by US mail to Santa Cruz County District Attorney's Office, Consumer Fraud Protection Division, 701 Ocean Street, Room 200, Santa Cruz, CA 95060.

Santa Cruz County District Attorney's Office
Consumer Fraud Protection Division
701 Ocean Street, Room 200
Santa Cruz, CA 95060

DATE: _____

Price Gouging Incident Report

I wish to report an incident of price gouging by the company / individual named below. I understand that the District Attorney's Office is unable to represent private citizens seeking the return of their money or other personal remedies. I am, however, filing this report to notify your office of the activities of this company / individual.

NAME OF COMPANY / INDIVIDUAL
YOUR ARE COMPLAINING AGAINST:

ADDRESS:

CITY/ STATE/ZIP:

TELEPHONE:

INCIDENT/TRANSACTION DATE:

In what city did the events described in your complaint occur?

DESCRIBE EVENTS IN THE ORDER IN WHICH THEY OCCURRED:

Please include locations, names, dates, and other specific information (Use additional sheets of paper, if necessary.)

YOUR NAME: (Print or Type)

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

BUSINESS TELEPHONE:

Please return this form and enclose legible photocopies of all checks (front and back), contracts, advertisements, correspondence, and all other documents relating to your complaint. Please keep all of your original documents and a copy of this completed form for your reference.