## CONSUMER COMPLAINT FORM

# Important information – Please read first

- The Consumer Protection Section of the Office of the Attorney General of Virginia provides protection to consumers from fraud, deception, and illegal practices in the marketplace.
- Our telephone counselors are available to assist you with consumer questions. Please call the Consumer Protection Hotline at (800) 552-9963 if calling from Virginia, or (804) 786-2042 if calling from the Richmond area or from outside Virginia. Our business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.
- We are authorized to handle complaints related to the advertisement, sale, or lease of goods and services that are intended for personal, family or home use.
- We do not have jurisdiction over complaints related to transactions between private individuals where no business or merchant is involved, or transactions involving products or services that are intended for business or commercial use.
- We are not authorized to offer legal advice, provide legal representation, or pursue matters in court on behalf of individual complainants.
- We will not handle complaints that are scheduled to be heard or have already been heard in a court of law. Likewise, we will not handle complaints that are under investigation or have already been handled by the agency or entity with proper jurisdiction.
- Before you fill out our complaint form, please ensure that we are the proper office to assist you. Certain complaints might be within the jurisdiction of other local, state, or federal offices. Our telephone counselors can help you make this determination, or you can check by yourself by reviewing the "Where to File A Complaint" portion of our website at http://ag.virginia.gov/consumer-protection/index.php/file-a-complaint.
- If you are going to submit a complaint form to us, please make sure to include **COPIES** of any supporting documents such as contracts, invoices, receipts, etc. Do **NOT** send originals. Also, we do **NOT** need your Social Security Number or any other personal financial information not related to your complaint. Please mark out such information from any documents that you wish to send us.
- Our contact information is as follows:

Office of the Attorney General of Virginia 202 North Ninth Street Richmond, VA 23219 Consumer Protection Hotline: (800) 552-9963 or (804) 786-2042 Fax: (804) 225-4378 Website: www.ag.virginia.gov

#### Local office of consumer affairs

• **Fairfax County** has its own locally operated office of consumer affairs. If your complaint resulted from a transaction in that locality, please contact the office directly.

Fairfax County Department of Cable and Consumer Services
Consumer Affairs Branch
12000 Government Center Parkway, Suite 433, Fairfax, VA 22035.
Phone: (703) 222-8435 Website: www.fairfaxcounty.gov/consumer

#### What happens to your complaint once we receive it?

- We will review your complaint and assign a number to it. We will notify you of our initial course of action or recommendation. Your complaint may be assigned to one of our staff members or it may be referred to the local, state, or federal office that has proper jurisdiction. In some instances, if a negotiated settlement cannot be achieved, we may advise you to consider pursuing your case through the courts.
- If you need to contact us about a complaint that you filed with our office, please have available your case number, the name of the staff member handling your complaint, and any new relevant information you may have.

# The courts system

• The resolution of certain complaints may only be pursued through the courts. You should consider seeking legal advice before you pursue matters through the courts. If you do not have an attorney, you may contact one through the Virginia Lawyer Referral Service at (800) 552-7977 or (804) 775-0808. You may also wish to contact your local legal aid society.

# **Disclaimers**

- By signing the Consumer Complaint Form, you authorize those agencies to which we may refer your complaint to evaluate your case on the basis of the information provided in the form, to contact you, and to take whatever lawful actions those agencies deem appropriate to attempt to resolve your complaint.
- Closed complaints will stay in our files until destroyed in accordance with established procedures for destroying public records.
- Closed complaints are subject to public disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, we ask that you do not provide us with your Social Security Number or with any other personal financial information not related to this complaint.
- You have the option to request that your personal contact information not be included with any copy of your complaint that is provided in response to a FOIA request. If you do not make this request, your contact information will be included.
- The information requested on the official Consumer Complaint Form, and all subsequent requests by this Office for additional information, are subject to the Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.

# OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA - CONSUMER PROTECTION SECTION OFFICIAL CONSUMER COMPLAINT FORM

## SECTION 1 – Your Information

Mr. Mrs. Ms.	Last name		First name		Mid.	Initial
Mailing addre	ess				Apt. or suite numbe	r
City			State	Zip code	Country, if not U.S.	
Home numbe	Home number, including area code Work number, including		g area code	rea code Fax number, including area code		
()		( )		( )		
City or county	y of residence	Your e-mail address				
Do you prefer to be contacted at home, work or by e-mail?			Best time	Best time to reach you between 8AM and 5PM?		

#### SECTION 2 – Name of Company Against Which You Are Complaining

Full name of company				
Mailing address				Office or suite number
City			Zip code	Country, if not U.S.
Company's Internet address (URL)				
Telephone number, incl. area code	Fax number, including area	code	Other contact number, including area code	
( )	( )		( )	

# > SECTION 3 – Complaint Information

Type of product, item, or service involv	ed (For motor vehicles, please sp	ecify if autom	obile, boat, motorcycle, etc.)		
Manufacturer, make or brand		Model		Year	
Serial number, Vehicle Identification No	umber (VIN)				
Date of purchase or lease			Was this a new or used item?		
Did you sign a contract or a lease? Yes [ ] or No [ ]	If yes, please indicate the following		Starting date: Expiration date:		
Total amount paid	Total amount in dispute		How was payment made? (cash, credit of	card, check)	
Did you buy an extended service contract? Yes [ ] or No [ ]	If yes, name of company responsible for extended service contract or extended warranty				
For automobile complaints, indicate typ	be of repairs or services performe	ed (Air conditi	oner, brakes, oil change, transmission, et	c.)	
Before any work was performed, did yo	ou ask for and receive a written co	opy of the cos	t estimate? Yes [ ] or No	[]	
Did you authorize any changes to the o	riginal estimate?	Yes [ ] or No	[] If yes, provide details on the next pa	ige	
Were the completed repairs different f	rom what you had authorized?	Yes [ ] or No	[ ] If yes, provide details on the next pa	age	

#### **SECTION 4 – Resolution Attempts You Have Made**

	If yes, name of person most recently contacted	Their phone number, incl. area code
Yes [ ] or No [ ]		( )
What resolution are you seeking?		
List any other organizations you have co	ntacted (i.e., other consumer protection offices, Better B	Business Bureau, etc.)
Do you have an attorney in this case?	If yes, name of your attorney	Attorney's number, incl. area code

( Use additional sheets if necessary )				

#### SECTION 6 – Disclaimers and Affidavits

- The information requested on this form and on any subsequent requests for additional information is subject to the Virginia Government Data Collection and Dissemination Practices Act, Va. Code Section 2.2-3800 et seq.
- All information provided to this Office is available for public inspection under the Virginia Freedom of Information Act (FOIA), Va. Code Section 2.2-3700 et seq., except in the case of ongoing investigations. Closed complaints will be retained until they are destroyed in accordance with established procedures for destroying public records.
- You have the option to request that your personal contact information not be included with any copy of your complaint

that is provided in response to a FOIA request. If you do not make this request, your contact information will be included.

- By signing this form, you authorize the Office of the Attorney General and any other local, state or federal agencies to which we may refer your complaint, to evaluate your complaint, to contact you and to take whatever lawful actions are deemed appropriate with regard to your complaint.
- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

pressor.					
101	By checking this hox	I request that my personal	I contact information N	OT he made available for	purposes of FOIA requests.
	by checking this box,	riequest that my persona	contact miormation i	or be made available for	purposes on on nequests.

🔲 By checking this box, I understand that my personal contact information will be made available for purposes of FOIA requests.

Signature of complainant or authorized agent

Date

(Revised 05/2016)