# OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA CONSUMER PROTECTION SECTION

202 North Ninth St., Richmond, VA 23219
Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-4378 • www.ag.virginia.gov

(Revised 08/12)

#### PRICE GOUGING COMPLAINT FORM

## The Virginia Post-Disaster Anti-Price Gouging Act

- The Anti-Price Gouging Act prohibits a "supplier" from charging unconscionable prices for "necessary goods and services" within the affected area *during the thirty (30) day period following a declared state of emergency*.
- The term "necessary goods and services" includes those goods or services for which demand does, or is likely to, increase as a result of the disaster. Potential examples include, but are not limited to, water, ice, food, generators, batteries, home repair materials and services, and tree removal services.
- The basic test for determining if a price is unconscionable is whether the post-disaster price charged by a "supplier" for a "necessary good or service" grossly exceeds the price charged for the same or similar goods or services either by the same supplier, or within the same trade area, during the ten (10) days immediately prior to the disaster.
- Violations of the Anti-Price Gouging Act are enforceable through the Virginia Consumer Protection Act. However, enforcement and legal actions can only be brought by an authorized government agency. Individuals cannot sue other individuals or businesses under the Anti-Price Gouging Act.

# Where to File Price Gouging Complaints

- Complaints relating to sales of "necessary goods and services" other than gasoline, diesel, and other motor fuels should be filed with the Office of the Attorney General of Virginia using this form.
- Complaints relating to sales of gasoline, diesel, and other motor fuels should be filed with the Virginia Department of Agriculture and Consumer Services, Office of Weights and Measures. You may contact the Office of Weights and Measures at (804) 786-2476, or visit www.vdacs.virginia.gov to obtain the Motor Fuels Price Gouging Complaint Form.
- Fairfax County has its own locally operated office of consumer affairs. If your complaint resulted from a transaction in that locality and does not involve the sale of gasoline, diesel, or other motor fuels, please contact its consumer affairs 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: https://www.fairfaxcounty.gov/consumercomplaint/

#### **Important Information**

- Please make sure to include **COPIES** of supporting documents such as contracts, invoices, receipts, etc. Do **NOT** include originals. If you have available, please include copies of photographs to substantiate any claims relating to home repair and/or tree removal services.
- We do **NOT** need your Social Security Number or any other personal financial information not specifically related to your complaint. Please mark out/delete this information from any documents that you wish to attach to this form.
- For additional information, please call the Consumer Protection Hotline at (800) 552-9963 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.

## **Notice of Confidentiality**

Pursuant to Section 59.1-528, Code of Virginia, this complaint form and all related attachments, notes and information are exempt from public disclosure and shall remain confidential. However, such evidence may be used in an action to enforce the Virginia Post-Disaster Anti-Price Gouging Act.

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For official use only. Complaint Number:

| lr. Mrs.   | - Your Information Last name                |                                   | First name  | Mic  | d. Initial                           |                           |
|--|---|-----------------------------------|---|--|--------------------------------------|---------------------------|
| S.   |   |                                   |   |  |                                      |                           |
| ailing ad  | dress                                       |                                   | 1   |  |                                      | Apt. or suite number      |
| ity  |   |                                   |   | Sta  | ate                                  | Zip Code                  |
| -,   |   |                                   |   |  |                                      | p                         |
| Fel. number, including area code )                     |   |                                   | Work number, including area code ( )  | Fa:  | Fax number, including area code  ( ) |                           |
| ty or cou  | inty of residence                           |                                   |   | Yo   | ur e-mail ac                         | ddress                    |
| f necessary, should we contact you at home, work or by |   |                                   | e-mail?   | If necessary, best time to reach you during the day? |                                      |                           |
| CTION 2  | Name of Company or of company or individual | Individual abo                    | out Which or Whom You Are   | Compl  | laining                              |                           |
|  |   |                                   |   |  |                                      |                           |
| failing ad   | dress                                       |                                   | Office or suite number  |  |                                      |                           |
| ity  |   | State                             | Zip Code  |  |                                      |                           |
| el. number, including area code Compa                  |   | I<br>any's Internet address (URL) |   |  |                                      |                           |
| )  |   |                                   |   |  |                                      |                           |
|  | - Complaint Information                     |                                   |   |  |                                      |                           |
| ype of pro   | oduct, item, or service involve             | d                                 | Date of purchase, service, contra-  | ct, etc  |                                      |                           |
| /anufacturer or brand                                  |   | Model                             |   |  |                                      |                           |
| Serial num   | ber   |                                   |   |  |                                      |                           |
| Did you sign a contract or a lease? Yes [ ] or No [ ]  |   |                                   | If yes, please indicate the following: Starting date: Expiration date:            |  |                                      |                           |
| otal amount paid                                       |   |                                   | How was payment made? (Cash, credit card, check, money order, etc.)               |  |                                      |                           |
|  |   |                                   | price charged or advertised by the portion of a similar product or service ten (1 |  |                                      |                           |
| yes, plea  | ase indicate the following:                 |                                   | What was the price charged or ac  | dvertise   | d <b>ten (10) d</b>                  | lays before the disaster? |
|  |   |                                   | When and where did you see the  | pre-dis  | aster price                          | charged or advertised?    |
|  |   |                                   | What was the price charged or ac  | vertise  | d after the o                        | disaster?                 |
|  |   |                                   |   |  |                                      |                           |

# SECTION 4 - FULL DESCRIPTION OF COMPLAINT - USE ADDITIONAL SHEETS IF NECESSARY

| CTION 5 - Pasalutian Attempts Vou Have Made   |  |                             |
|---|--|-----------------------------|
| CTION 5 - Resolution Attempts You Have Made  Have you contacted the company or individual? Yes [ ] or No [ ]  | If yes, name of person most recently       | Their phone number, incl.   |
|   | contacted                                  | area code                   |
| Results   | <u> </u>                                   |                             |
|   |  |                             |
| What resolution would you consider mutually fair?   |  |                             |
| List any other organizations you have contacted (e.g. Other consumer pro  | ntection offices Better Business Bureau et | tc)                         |
| Lot any other organizations you have contacted (e.g. other contaction pro   | Joseph Cinede, Bottel Bueinesse Bureau, C  |                             |
|   |  |                             |
| CTION 6 – Disclaimers and Affidavits  |  |                             |
| signing this form, you authorize the Office of the Attorney Goth we may work on this matter, to evaluate your complain propriate with regard to your complaint.  signing this form, you certify that the statements made herein your knowledge, information and belief. | t, to contact you and to take what         | ever lawful actions are dee |
|   |  |                             |
| un atura i  | Data                                       |                             |

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