

**OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA  
CONSUMER PROTECTION SECTION**

900 E. Main St., Richmond, VA 23219

Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-4378 • [www.ag.virginia.gov](http://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](http://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: [www.fairfaxcounty.gov/consumer](http://www.fairfaxcounty.gov/consumer)

**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: \_\_\_\_\_

**PRICE GOUGING COMPLAINT FORM**

**SECTION 1 - Your Information**

Mr. Mrs. Ms.	Last name	First name	Mid. Initial
Mailing address			Apt. or suite number
City		State	Zip Code
Tel. number, including area code (     )		Work number, including area code (     )	Fax number, including area code (     )
City or county of residence		Your e-mail address	
If necessary, should we contact you at home, work or by e-mail?			If necessary, best time to reach you during the day?

**SECTION 2 - Name of Company or Individual about Which or Whom You Are Complaining**

Full name of company or individual	Name of person(s) with whom you dealt		
Mailing address		Office or suite number	
City	State	Zip Code	
Tel. number, including area code (     )	Company's Internet address (URL)		

**SECTION 3 - Complaint Information**

Type of product, item, or service involved	Date of purchase, service, contract, etc		
Manufacturer or brand	Model		
Serial number			
Did you sign a contract or a lease? Yes [ ] or No [ ]	If yes, please indicate the following: Starting date: _____ Expiration date: _____		
Total amount paid	How was payment made? (Cash, credit card, check, money order, etc.)		
To your knowledge, did the amount you paid exceed the price charged or advertised by the same company or individual, or the price charged or advertised by other companies in the same trade area, for a similar product or service ten (10) days prior to the disaster? Yes [ ] or No [ ]			
If yes, please indicate the following:	What was the price charged or advertised <b>ten (10) days</b> before the disaster?		
	When and where did you see the pre-disaster price charged or advertised?		
	What was the price charged or advertised after the disaster?		
	When and where did you see the post-disaster price charged or advertised?		

-Continued on next page-

**SECTION 4 – FULL DESCRIPTION OF COMPLAINT – USE ADDITIONAL SHEETS IF NECESSARY**


**SECTION 5 - Resolution Attempts You Have Made**

Have you contacted the company or individual? Yes [ ] or No [ ]	If yes, name of person most recently contacted	Their phone number, incl. area code (    )
Results		
What resolution would you consider mutually fair?		
List any other organizations you have contacted (e.g. Other consumer protection offices, Better Business Bureau, etc)		

**SECTION 6 – Disclaimers and Affidavits**

- By signing this form, you authorize the Office of the Attorney General of Virginia and any other local, state or federal agencies with which we may work on this matter, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to Office of the Attorney General of Virginia, Consumer Protection Section, 900 East Main Street, Richmond, VA 23219, or fax to (804) 225-4378.**