



**STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
PATRICK MORRISEY
CONSUMER PROTECTION DIVISION
1-800-368-8808 or 304-558-8986**

www.wvago.gov

E-Mail: consumer@wvago.gov

CONSUMER COMPLAINT

1. PARTY COMPLAINING

Mr. Mrs. Ms.

Name: _____

Mailing Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Email: _____

Best time to contact me: _____

2. COMPLAINT AGAINST

Business Name: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Telephone: _____

Name of person you dealt with: _____

Title: _____

3. Date of purchase or transaction: _____

4. Product or service involved: _____

5. Price and terms of payment: _____

6. Type of payment: Cash Loan Credit Card Wire Transfer
Please check Check Installment Debit Card Western Union
all that apply Other _____ PayPal

7. A. If your purchase was **financed**, please provide the name, address, and telephone number of the **finance company**:

B. If your complaint concerns **product defects or repairs**, please provide the name, address, and telephone number of the **manufacturer**:

C. If your complaint is against a **debt collector**, please provide the name, address, and telephone number of the **original creditor**:

8. First contact between you and individual/business:

- Person came to my home
- Went to place of business
- Received information in the mail
- Responded to a radio – TV – printed advertisement
- Telephoned the business/individual
- Received telephone call from business/individual
- Email
- Internet

Name and address of publication – TV – radio station where offer was advertised: _____

Have you contacted the publication, TV or radio station? Yes No

9. Where did the purchase/transaction take place?

- At my home
- Over the telephone
- There was no transaction
- Wire Transfer
- At the place of business
- By mail
- Internet
- Other _____

10. Have you contacted the business about your complaint? Yes No

11. Have you filed this complaint with any other agency or organization? . . . Yes No

If Yes - Identify organization: _____

What action was taken? _____

12. Describe any legal action you have taken: _____

13. Did you sign a contract? Yes No

14. Did you receive a copy of the contract? Yes No

15. Did you receive a 3-Day Right to Cancel? Yes No

16. Is there a warranty involved? Yes No

Attach copies of all documents – front and back – related to the transaction.

If statements or promises were not in writing, describe them in Question 17.

**If you need additional space to tell what happened,
please continue on a separate page and attach it to your complaint.**

