



**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

**MOTOR VEHICLE 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. Purchased:  New  Used

Vehicle Identification Number (VIN): \_\_\_\_\_

4. Car Make (manufacturer): \_\_\_\_\_

Car Model: \_\_\_\_\_ Year: \_\_\_\_\_

5. Mileage at time of purchase: \_\_\_\_\_

Present Mileage: \_\_\_\_\_

6. Date of Purchase: \_\_\_\_\_

Total Purchase Price: \_\_\_\_\_

7. Terms of Payment:  Cash  Loan  Installment  Wire Transfer  Western Union  
 Check  Credit Card  Debit Card  Other \_\_\_\_\_  
 Loan – Installment Finance Company name: \_\_\_\_\_  
 Address: \_\_\_\_\_

8. Did you purchase the vehicle from the business you are complaining about?  Yes  No

9. Have you complained to the business?  Yes  No  
 If Yes, date you complained: \_\_\_\_\_  
 What action was taken by the business: \_\_\_\_\_

10. Does the complaint involve the safety condition of the vehicle at the time it was sold to you?  Yes  No

11. Have you contacted the manufacturer about your vehicle complaint?  Yes  No  
 If Yes, what action was taken: \_\_\_\_\_

