



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

www.wvago.gov

E-Mail: consumer@wvago.gov

**PRENEED FUNERAL COMPLAINT QUESTIONNAIRE**

**1. PARTY COMPLAINING**

Mr.    Mrs.    Ms.

Name: \_\_\_\_\_

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 Transaction or Occurrence: \_\_\_\_\_

4. Product or Service Involved: \_\_\_\_\_

5. Total Price or Monetary Value Involved: \_\_\_\_\_

6. Terms of Payment:    Cash                       Loan                      Loan – Installment - Finance Company Name: \_\_\_\_\_  
 Check                       Credit Card               Installment              \_\_\_\_\_  
 Other \_\_\_\_\_

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

8. Have you filed this complaint with any other agency or organization?    Yes     No  
If Yes - Identify organization: \_\_\_\_\_  
What action was taken? \_\_\_\_\_

**PLEASE CONTINUE TO OTHER SIDE**

