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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  Loan – Installment  
 Check  Credit Card  Installment Finance Company name: \_\_\_\_\_  
 Debit Card  PayPal  Wire Transfer Address: \_\_\_\_\_  
 Other \_\_\_\_\_  Western Union

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: \_\_\_\_\_

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

If Yes - Identify organization: \_\_\_\_\_

What action was taken? \_\_\_\_\_

13. Describe any legal action you have taken: \_\_\_\_\_

14. Provide COPIES – front and back – of all documents you have, such as:

- Warranty  Buyer's Guide  Purchase Agreement
- Odometer Statement  Repair Orders  Loan Contract – Retail Installment Agreement
- Title

15. Please describe your complaint in detail – if you need additional space to tell what happened, please continue on a separate page and attach it to your complaint:

16. How do you want your complaint resolved?

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**The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against or other state agencies which may also regulate the party complained against. It may also be used to enforce applicable state laws.**

**I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General's Office.**

**I certify that all information on this form is true and accurate to the best of my knowledge and belief, and that I have the legal authority to submit this claim.**

SIGNATURE *(Required)* \_\_\_\_\_

DATE \_\_\_\_\_

Return this form and copies of your papers to:

Office of the Attorney General  
Consumer Protection Division  
PO Box 1789  
Charleston, WV 25326-1789