



**STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION
1-800-368-8808 or 304-558-8986**



<http://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 Check Credit Card Debit Card PayPal Other _____ Western Union 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: _____

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? _____

The information you provide will be used in efforts to resolve your problem and may be shared with 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 _____

Optional:

AGE: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female

MARITAL STATUS:	
<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

RACE:	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other: _____

Return this form and copies of your papers to:

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