



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



http://www.wvs.state.wv.us/wvag

E-Mail: consumer@wvago.state.wv.us

**MOTOR VEHICLE CONSUMER COMPLAINT**

**1. PARTY COMPLAINING**

Name:  Mr.  Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best time to contact me: \_\_\_\_\_

**2. COMPLAINT AGAINST**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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  Credit Card  Installment  Check  Other (Specify): \_\_\_\_\_  
 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. Was there a Buyer's Guide warranty sticker in the window when you purchased the vehicle?  Yes  No

11. Type of warranty:  Implied  Express (written)  Extended  
 Name and address of the Warranty Company: \_\_\_\_\_

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

13. Did you request and/or receive a copy of the repair order itemizing the work that had been done?  Yes  No

**PLEASE CONTINUE TO OTHER SIDE**

14. IN YOUR OPINION, DID THE BUSINESS:

- Charge for unauthorized repairs?  Yes  No
- Charge more than the estimate without obtaining additional authorization?  Yes  No
- Misrepresent the repairs or the extent of the repairs that were necessary?  Yes  No
- Charge for repairs that were not made:  Yes  No
- Fail to perform the repairs in a satisfactory manner?  Yes  No

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

16. If you purchased a used vehicle, did you sign a written odometer statement?  Yes  No

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

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

19. Please describe your complaint in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. 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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

AGE (Optional)  
 Return this form and copies of your papers to:

Office of the Attorney General, Consumer Protection Division  
 P. O. Box 1789, Charleston, WV 25326-1789