



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

Preneed Funeral Complaint Questionnaire

1. PARTY COMPLAINING

2. COMPLAINT AGAINST

Name: _____

Business Name: _____

Address: _____

Address: _____

City: _____

City: _____

County: _____

County: _____

State: _____

State: _____

Zip Code: _____

Zip Code: _____

Home Phone: _____

Phone: _____

Work Phone: _____

Name of person you dealt with: _____

Best time to contact me: _____

Title: _____

Date of Transaction or Occurrence: _____

Product or service involved: _____

Price and terms of payment: _____

Type of payment (circle one) Cash Credit Card Check

Date Cashed _____

Other (specify) _____

First contact between you and business/individual:

- _____ Person came to my home
- _____ I went to the place of business
- _____ I received a telephone call from business/individual
- _____ I telephoned the business/individual
- _____ I received information in the mail
- _____ I responded to a TV/radio advertisement
- _____ I responded to a printed advertisement

Where did the purchase/transaction take place?

- _____ At my home
- _____ At the business/individual's place of business
- _____ Over the telephone
- _____ By mail
- _____ There was no transaction
- _____ Other (specify) _____

Have you contacted the business/individual about your complaint? _____

If **yes**, what action was taken? _____

Have you filed this complaint with any other agency or organization? _____

If **yes**, identify the organization _____

What action was taken? _____

Describe any legal action you have taken: _____

Did you sign a contract? _____

Please describe your complaint in detail. Use a separate sheet of paper if necessary. _____

What do you feel would be a fair resolution of this matter? _____

NOTE: Please remember to attach copies of any contracts or other documents.

The statement above is true and accurate to the best of my knowledge.

Your signature: _____

Date: _____