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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 Check Credit Card Installment Other _____
 Loan – Installment - Finance Company Name: _____

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? _____

9. Where did first contact between you and the business take place? At my Home At the Business
 I received a phone call from Business I called Business
 I received information in the mail TV/Radio/Print Ad

10. Where did the purchase or transaction take place? At my Home At the Business
 Over the Telephone By Mail No Transaction
 Other _____

11. Did you sign a contract? Yes No

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

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

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

AGE _____

Return this form and copies of your papers to:

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