



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

Satellite Service Consumer Complaint Form

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: _____

3. What did you purchase ? (check one)

Satellite dish -

Programming -

Warranty -

Other - (please explain) _____

4. Date of purchase: _____

5. What was the purchase price? _____

6. How did you pay for your purchase?

Cash, check or money order -

Credit card -

Loan or financing arranged by the seller -

Other (please explain): _____

7. If your purchase was financed, please provide the following information:

Company: _____

Address: _____

Account No. _____

8. Amount paid so far: _____, **Amount still owed:** _____

9. Did the seller mislead you about how your purchase would be financed? _____

If yes, what did the seller say about the financing? _____

10. How did you first learn about this product or company? _____

11. Where did you sign the sales contract or other papers for your purchase?_____

12. If you signed the papers at your home, did the seller explain that you had the right to cancel the sale within three (3) business days?_____

13. Did the seller give you copies of all the papers you signed at the time of your purchase?_____

If yes, please enclose a copy of all the papers given to you at the time of the purchase.

14. Please explain any promises the seller made but did not keep about your purchase:_____

15. Did the seller offer at the time of purchase to give you money, free programming, or anything else in exchange for the referral of other customers?_____

16. What steps have you taken, including legal action, to try to resolve your complaint?

17. Please describe your complaint in detail:_____

18. How do you want your complaint resolved? _____

Please enclose copies of all papers given to you regarding your purchase.

The information I have provided in this complaint form is true to the best of my knowledge and belief. I understand that this information may be used to resolve my problem and to enforce consumer protection 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**