

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**  
P.O. Box 1163 • Richmond, VA 23218  
Telephone: (804) 786-1343 • Fax: (804) 225-2666 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

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**OCRP REGULATORY PROGRAMS COMPLAINT FORM**

**Programs administered by OCRP**

The Office of Charitable and Regulatory Programs (OCRP) in the Virginia Department of Agriculture and Consumer Services (VDACS) administers the provisions of the following programs:

<b>Regulatory Program</b>	<b>Virginia Code Section</b>
<a href="#">The Virginia Credit Services Businesses Act</a>	§ 59.1-335.1 et seq.
<a href="#">The Virginia Extended Service Contract Act</a>	§ 59.1-435 et seq.
<a href="#">The Virginia Health Club Act</a>	§ 59.1-294 et seq.
<a href="#">The Virginia Membership Camping Act</a>	§ 59.1-311 et seq.
<a href="#">The Virginia Prepaid Legal Services Plan Act</a>	§ 59.1-441.1 et seq.
<a href="#">The Virginia Travel Club Act</a>	§ 59.1-445 et seq.

For complaints involving a business **not included** in the above regulatory programs, please contact the Consumer Protection Section in the Office of the Attorney General at 800.552.9963 or 804.786.2042, or visit [www.oag.state.va.us](http://www.oag.state.va.us) and select “Consumer Protection.”

**Who should use this complaint form?**

Before completing this form, consumers should attempt to resolve their complaint directly with the business. If resolution of the complaint is unsuccessful between the consumer and the business, then the consumer may consider completing and filing this form to seek possible resolution of his/her complaint.

**What happens to this complaint form once OCRP receives it?**

OCRP will review the complaint, assign it a complaint number and notify you of our actions or recommendations. To facilitate the complaint review process, you should include a copy of supporting documents such as copies of contracts, proof of payments (itemized credit card/bank card statements, receipts) and any correspondence between you and the business (letters, emails, etc). Please remember to black out any bank account numbers, credit card numbers, or Social Security numbers prior to submitting the documents to this office.

**Disclaimers and Affidavits:**

- All complaints, whether substantiated or not, will be retained within VDACS’ records for three years from the date the complaint is closed by VDACS. Afterward, VDACS will destroy the records in accordance with the Virginia Public Records Act, Virginia Code Section 42.1-76 et seq.

- The complaint form, except for sensitive personal or financial information, is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, you should black out Social Security numbers, bank account numbers or credit card numbers on any information sent to VDACS with this form.
- The information requested on this form and all subsequent requests by VDACS for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.
- OCRP may not be able to resolve your complaint if it is beyond the scope of OCRP's regulatory authority. You do not waive your right to private action by filing a complaint with OCRP and in some cases, private legal action may be your only recourse to resolve your complaint, but this is something that you should discuss with legal counsel. **OCRP cannot provide you with legal advice.**

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SECTION 1 – COMPLAINANT INFORMATION			
Mr. Mrs. Ms.	Last Name	First Name	Middle Initial
Mailing Address			Apt. or Suite Number
City		State	Zip Code
Primary phone number, incl. area code	Alternate phone number, incl. area code	Preferred method of contact (Phone, email, mail)?	
City or County of Residence	E-mail Address		

SECTION 2 – REGULATED BUSINESS INFORMATION			
Name of Business			
Mailing or Physical Street Address			
City		State	Zip Code
Telephone number incl. area code	Website or Internet Address (URL)		

SECTION 3 – COMPLAINT INFORMATION			
Did you sign a contract with the business? Yes No	If <b>yes</b> , please attach a copy of the contract and indicate the following:	Contract start date:	Contract expiration date:
Total amount paid:	Amount in dispute:	Attach <b>COPIES</b> of your contract, proof of payment such as cancelled checks, itemized credit card statements, etc., and any correspondence pertinent to this complaint. Remember to black out any bank account numbers, credit card numbers, or Social Security numbers.	

SECTION 4 – RESOLUTION ATTEMPTED BY COMPLAINANT		
Did you contact the business on this matter? Yes No	If <b>yes</b> , name of person most recently contacted:	Person's telephone number, including area code
What resolution are you seeking?		
List any other agencies or organizations you have contacted to attempt to resolve this particular complaint:		
Do you have an attorney for this complaint? Yes No	If <b>yes</b> , name of the attorney:	Attorney's phone number (including area code):
Has this complaint been heard in court or is it scheduled to be heard in court? Yes No	If yes, where is the court located and when is the matter set to be heard?	

**SECTION 5 – FULL DESCRIPTION OF COMPLAINT (Use additional sheets if necessary)**

**SECTION 6 – DISCLAIMERS AND AFFIDAVITS**

- The complaint form, except for sensitive personal or financial information, is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, you should black out Social Security numbers, bank account numbers or credit card numbers on any information sent to OCRP with this form.
- The information requested on this form and on any subsequent requests for additional information is subject to the Virginia Government Data Collection and Dissemination Practices Act, Va. Code Section 2.2-3800 et seq.
- By signing this form, you authorize the Virginia Department of Agriculture and Consumer Services, and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate with regard to your complaint.
- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information, and belief.
- By signing this form, you acknowledge OCRP may not be able to resolve your complaint if it is beyond the scope of OCRP's regulatory authority. You do not waive your right to private action by filing a complaint with OCRP and in some cases, private legal action may be your only recourse to resolve your complaint, but this is something that you should discuss with legal counsel. **OCRP cannot provide you with legal advice.**

\_\_\_\_\_  
Signature of complainant or authorized agent

\_\_\_\_\_  
Date

Mail to: VDACS, Office of Charitable and Regulatory Programs  
P.O. Box 1163, Richmond, VA 23218  
Fax to: (804) 225-2666