

**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

CHARITABLE SOLICITATION COMPLAINT FORM

Virginia Solicitation of Contributions Law

The Office of Charitable and Regulatory Programs (OCRCP) in the Virginia Department of Agriculture and Consumer Services (VDACS) administers the provisions of the [Virginia Solicitation of Contributions \(VSOC\)](#) law, Virginia Code Section 57-48 et seq. OCRCP investigates complaints where there is an alleged violation of the VSOC law by a charitable organization or its professional fundraiser while soliciting contributions in Virginia.

Scan to access the VSOC law, Virginia Code Section 57-48 et seq.



What happens to this complaint form once we receive it?

We will review your 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 cancelled checks, solicitation letters, and receipts. Please remember to black out any bank account numbers, credit card numbers, or Social Security numbers.

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.

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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:	Best time to reach you between 9AM and 5PM?	
City or County of Residence	E-mail Address		

SECTION 2 – CHARITABLE OR CIVIC ORGANIZATION INFORMATION			
Name of Charitable or Civic Organization			
Mailing or Physical Street Address			
City		State	Zip Code
Telephone number incl. area code:	Website or Internet Address (URL)		

SECTION 3 – IF APPLICABLE, PROFESSIONAL SOLICITOR INFORMATION			
Name of Company Soliciting Contributions on Behalf of the Charitable or Civic Organization:			
Mailing or Physical Street Address			
City		State	Zip Code
Telephone number incl. area code:	Website or Internet Address (URL)		

SECTION 4 – COMPLAINT INFORMATION			
Method of Contribution Solicitation:			
Email Online through the Organization’s Website In-Person Mail Special Event Telephone			
Date of Contribution Solicitation:	Did you make a pledge to contribute?		If yes , how much did you pledge to contribute?
	Yes No		\$
Did you make an actual contribution?	If yes , what is the value of your actual contribution?		If yes , what payment method did you use to make the actual contribution?
Yes No	\$		Cash Check Credit Card Property
Name of the person who solicited you for a contribution or signed the solicitation letter:			
If solicited in-person or by telephone, did the solicitor disclose to you that he/she was being paid to solicit you for a contribution?		Did the solicitor state that your contribution would be tax-deductible?	
Yes No		Yes No	
Attach COPIES of supporting documentation, such as cancelled checks, solicitation letters, receipts, etc. Remember to black out any bank account numbers, credit card numbers, or Social Security numbers.			

SECTION 5 – RESOLUTION ATTEMPTED BY COMPLAINANT		
Did you contact the charitable or civic organization on this matter? Yes No	If yes , 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:		

SECTION 6 – FULL DESCRIPTION OF COMPLAINT (Use additional sheets if necessary)

SECTION 7 – DISCLAIMERS AND AFFIDAVITS

- 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.

Signature of complainant or authorized agent

Date

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