

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
HEALTH CLUB SECTION**

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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**HEALTH CLUB COMPLAINT FORM**

**The Virginia Health Club Act**

The [Virginia Health Club Act](#), Virginia Code Section 59.1-294 et seq., applies to facilities that offer physical exercise devices and which are more commonly known as gyms, fitness centers, or health clubs. The Division of Consumer Protection in the Virginia Department of Agriculture and Consumer Services (VDACS) administers the provisions of the Act. We can be of assistance if your complaint involves a contractual dispute with a health club.

The Act does NOT apply to businesses that provide only (i) beauty services such as manicures, pedicures, massages, facials, and body treatments, or (ii) meditation and relaxation classes. For complaints involving this type of business, 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 the complaint form?**

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

**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 your health club contract and a copy of the proof of payment for the contract, such as cancelled checks, credit card statements, etc. 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, members 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 – MEMBER 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 – HEALTH CLUB INFORMATION		
Name of Health Club		
Physical Street Address		
City	State	Zip Code
Telephone number incl. area code (    )	Station or company's website or Internet address (URL)	

SECTION 3 – COMPLAINT INFORMATION			
Did you sign a health club contract? Yes [    ] or No [    ]	If <b>yes</b> , please attach a copy of the health club contract and indicate the following:	Contract start date	Contract expiration date
Was the health club available for use during the entire term of member's contract? Yes [    ] or No [    ]	If <b>no</b> , please state approximately the date when the health club became available for your use (if it did) and the date when it stopped being available for general use:		
Total amount paid \$	Amount in dispute \$	Attach <b>COPIES</b> of proof of payment, such as cancelled checks, credit card statements, etc. Remember to black out any bank account numbers, credit card numbers, or Social Security numbers.	

SECTION 4 – RESOLUTION ATTEMPTED BY MEMBER		
Did you contact the health club on this matter? Yes [    ] or 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 resolved this particular complaint:		
Does member have an attorney for this complaint? Yes [    ] or No [    ]	If <b>yes</b> , name of the attorney	Attorney's telephone number, including area code (    )
Has this complaint been heard in court or is it scheduled to be heard in court? Yes [    ] or No [    ]	If <b>yes</b> , 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)**

[illegible]

SECTION 6 – DISCLAIMERS AND AFFIDAVITS

Signature of complainant or authorized agent

Date \_\_\_\_\_

Mail to: VDACS, Health Club Section, P.O. Box 1163, Richmond, VA 23218,  
Fax to: (804) 786-1343 or Email to: [ocrpregulatory@vdacs.virginia.gov](mailto:ocrpregulatory@vdacs.virginia.gov)