

MOTOR FUELS PRICE GOUGING COMPLAINT FORM

Please use this form to report complaints of price gouging involving gasoline, diesel and other motor fuels **ONLY**.

For price gouging complaints involving other consumer goods or services, e.g. water, ice, food, generators, batteries, home repair materials and services, and tree removal services, 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 and select "Citizen Resources."

The Virginia Post-Disaster Anti-Price Gouging Act

The Anti-Price Gouging Act (Act) prohibits a "supplier" from charging unconscionable prices for "necessary goods and services" within the affected area during the thirty (30) day period following a declared state of emergency. Motor fuels, including gasoline and diesel, are considered necessary goods.

The basic test for determining if a price is unconscionable is whether the post-disaster price charged by a "supplier" for a motor fuel grossly exceeds the price charged for the same motor fuel either by the same supplier, or within the same trade area, during the ten (10) days immediately prior to the disaster.

Important information

Please make sure to include **COPIES** of supporting documents such as receipts, etc. Do **NOT** include originals.

We do **NOT** need your Social Security Number or any other personal financial information not specifically related to your complaint. Please mark out/delete checking or credit card numbers from any documents that you wish to attach to this form.

Notice of confidentiality

Pursuant to Section 59.1-528, Code of Virginia, this complaint form and all related attachments, notes and information are exempt from public disclosure and shall remain confidential. Closed complaints will stay in our files for three years from the date of closure and will then be destroyed.

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF WEIGHTS AND MEASURES
PO Box 1163 • Richmond, VA 23218 • (804) 786-2476 • www.vdacs.virginia.gov

MOTOR FUELS PRICE GOUGING COMPLAINT FORM (Rev. 07/12)

➤ **SECTION 1 – Your Information**

Mr. Mrs. Ms.	Last name	First name	Mid. 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?	
Your e-mail address			

➤ **SECTION 2 – Gas Station or Motor Fuels Company Against Which You Are Complaining**

Name of gas station or motor fuels company		
Gas station or motor fuels company address		Office or suite number
City	State	Zip code
Telephone number incl. area code ()	Station or company's website or Internet address (URL)	

➤ **SECTION 3 – Complaint Information**

Type of motor fuel (Gasoline, diesel, kerosene, etc.)		
Brand name of motor fuel		Grade (Regular, medium, premium, etc.)
Date of purchase	Amount paid	How was payment made? (cash, credit card, check)
Purchased at station or home delivery?		Pump number

➤ **SECTION 4 – Resolution Attempts You Have Made**

Did you speak with a station or company representative? Yes [] or No []	If yes, name of person most recently contacted	Their phone number, incl. area code ()
Outcome of resolution attempts		

USE OTHER SIDE FOR ADDITIONAL INFORMATION

Please mail to Office of Weights and Measures, PO Box 1163, Richmond, VA 23218

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- 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 Office of Weights and Measures in 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.

Date _____

Please mail to Office of Weights and Measures, PO Box 1163, Richmond, VA 23218