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

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

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.

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	r. Mrs. Ms. Last name			First name				Mid. Init
Mailing address							Apt. or suite	number
City					State		Zip code	
Primary phone number, incl. area code				r, incl. area code	Best time to reach you between 9AM and 5PM?			
())					
Your e-mail a	address							
ECTION 2 –	Gas Station or Moto	r Fuels Comi	oany Against Wh	nich You Are Cor	nplaining			
	station or motor fuels o		, 5		<u> </u>			
Gas station or motor fuels company address							Office or sui	te number
City					State Zip code			
Telephone n	umber incl. area code	Statio	n or company's we	ebsite or Internet a	ddress (URL)			
<i>(</i>)	annoch mon ar ca coac	J. Carlo	o. oopa, o		aa. css (0.1. <u>2</u> ,			
	Complaint Informati or fuel (Gasoline, diesel,							
Type of filott	or raci (Gasoniie, alesei,		.)					
	of motor fuel		.)	Grade (Regul	ar, medium, premiu	ım, etc.)		
	of motor fuel	Amount paid	.)		ar, medium, premiu ment made? (cash, c		check)	
Brand name	of motor fuel	Amount paid	.)		ment made? (cash, c		check)	
Brand name Date of purch Purchased at	of motor fuel hase station or home deliver	Amount paid y?		How was pay	ment made? (cash, c		check)	
Brand name Date of purch Purchased at	of motor fuel	Amount paid y? • You Have N	Лade	How was pay	ment made? (cash, c	credit card,	check)	area code
Brand name Date of purch Purchased at ECTION 4 — Did you spea	of motor fuel hase station or home deliver Resolution Attempts k with a station or comp	Amount paid y? S You Have N pany If yes,	Лade	How was pay	ment made? (cash, c	credit card,		area code
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USE OTHER SIDE FOR ADDITIONAL INFORMATION

S	ECTION 5 – Additional Information Regarding Your Complaint
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s	ECTION 6 – 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 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.
	Signature of complainant or authorized agent Date

(Revised JULY 2012)