Case Number:

FAIRFAX COUNTY
DEPARTMENT OF CABLE AND CONSUMER SERVICES

12000 Government Center Parkway, Suite 433
Fairfax, Virginia 22035-0047
www.fairfaxcounty.gov/consumer.htm
Telephone 703-222-8435 Fax 703-324-3900 TTY 711

COMPLAINANT: Print your name and address

Name _____

Address _____

City _____ State _____ Zip _____

Phone (office) _____ (home) _____

e-mail _____

RESPONDENT: Print name and address of party against whom you are complaining

Name _____

Address _____

City _____ State _____ Zip _____

Phone (office) _____ (home) _____

e-mail _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

(1) Date of transaction: _____

(2) Have you contacted the Respondent about this complaint? Yes ☐ No ☐

If yes, what was the outcome? _____

(3) Did you sign a contract or lease? Yes ☐ No ☐ Expiration Date: _____

Is copy enclosed? Yes ☐ No ☐

(4) What resolution would you consider to be mutually fair? _____

_____

(5) Dollar amount in dispute, if applicable: $ _____

(6) What other agencies/organizations have you contacted for assistance? _____

- FOR OFFICE USE ONLY -

Case Opened ☐
Case Reopened ☐

_____

Case Closed ☐
Case Reclosed ☐

_____

Alleged Nature of Complaint

Complaint Code No. | ST | CAT | Date Opened

R Code | Complainant Name (Last, First Initial)

C Zip Code | Final Amount | Resolve Code | Date Closed

INV | Case No. | Report | Reviewed | Date Reviewed

Forwarded to or other: _____

PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE

COMPLAINT FORM

PLEASE TYPE OR PRINT IN INK AND SIGN AT THE BOTTOM

Please note that a copy of your complaint will be forwarded to the Respondent

Description of complaint: _____

PLEASE READ DISCLOSURE STATEMENTS

All information provided to this office is available for public inspection under the Virginia Freedom of Information Act (§ 2.2-3700, et seq., Code of Virginia), except in the case of ongoing investigations. Closed complaints will be retained for three years after closure and then destroyed.

The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act (§ 2.2-3800, et seq., Code of Virginia).

By signing this form, you authorize the Consumer Affairs Branch and any other local, state or federal agencies to which we may refer your case, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate in your case.

I am interested in receiving the Consumer Affairs Informend Consumer quarterly e-Newsletter by email. Yes No

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

_____ Date