West Virginia Department of Agriculture
Kent A. Leonhardt, Commissioner
Amie Minor-Richard, Deputy Commissioner

Auctioneer Complaint Form

Please provide as much information as possible to allow for a thorough investigation.

Complainant Information

Name - _____ Telephone Number - _____

Mailing address - Street, P.O. Box Number, Route, etc. _____

City, State, Zip Code _____

Email address - _____

Subject of Complaint

Name - _____ Business Name - _____

Telephone Number - _____

Mailing address - Street, P.O. Box Number, Route, etc. _____

City, State, Zip Code _____

Email address - _____ Auctioneer No. _____

Complaint Details

Type of complaint -

- ○ Auctioneering without a license
- ○ Contract Breach
- ○ Unethical conduct while performing auction (specify) _____
- ○ Theft of client property
- ○ Poor performance for client
- ○ Improper advertising
- ○ Other - _____

mailing address: 1900 Kanawha Blvd. East, Charleston, WV 25305-0009
telephone: 304-558-3550 • fax: 304-558-2203

Location of Auction - _____ Client Name - _____

Did you sign a contract? _____ **If yes**, did you receive a copy? _____ If available, please send in with complaint.

First type of contact between you and the auctioneer/business –

_____
_____

Were there advertisements for the auction/auctioneer in publications, or websites, if so, where?
_____

Have you contacted the auctioneer regarding your complaint? _____

Have you filed this complaint with any other agency? _____ If yes, what agency and was there any

action taken? _____

Describe any legal action regarding this complaint. _____

Describe your complaint in detail. Attach any additional pages as necessary.

How would you like your complaint to be resolved?

_____	_____
Witness Name (Optional)	Contact Information (telephone or email)
_____	_____
Witness Name (Optional)	Contact Information (telephone or email)
_____	_____
Witness Name (Optional)	Contact Information (telephone or email)

Please provide copies of contracts, advertisements, receipts, correspondence, and any other documentation related to your complaint.

By submitting this form:

I hereby certify that all information on this form is true and accurate to the best of my knowledge and beliefs, and that I have the legal authority to submit this form.

_____	_____
Signature	Date

Return all required documentation to:

West Virginia Department of Agriculture
Executive Division
1900 Kanawha Boulevard East
State Capitol, Room E-28
Charleston, WV 25305