



CONSUMER COMPLAINT REPORT

West Virginia Department of Agriculture
Regulatory and Environmental Affairs Division
Charleston, WV 25305

Date:

Time:

Complainant's Full Name:

Telephone:

Address:

Zip Code:

Email (if available)

Date Purchased:

Brand Name of Product:

Manufacturer's Name & Address:

Retail Store Name & Address:

Lot No. or Other Codes:

If you require further space to thoroughly answer the following items, please use page two of this report.

Describe Defect:

If contacted, store owner/management's response:

Names of personnel and divisions/agencies who you have contacted already: (Local Health, State Health, etc)

Summary:

Did anyone become ill? Explain

Did you contact the local health department with your illness? Did you seek medical attention?

**Consumer Complaint Form
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Resolution/Summary of Findings:

Your completion of the above will help us to compile composite data which may be used in action against a production lot. The following procedure will usually trigger response from the manufacturer/processor:

- 1) Contact the manufacturer directly. Provide all the data listed above. The manufacturer may request the specimen to use in its investigation. Your cooperation is helpful.
- 2) Return the product to your selling dealer. they will usually refund your cost or replace the product. Ask them to relay your complaint to their supplier.

Name of person completing form:

Date:

Summary of Findings/Resolution:

**COMPLETE THIS FORM AND E-MAIL OR FAX TO: Dr. Carrie Summers, Director of
Regulatory and Environmental Affairs Division (csummers@wvda.us).**

Fax: 304-558-3594 Office: 304-558-2227.

Effective Date 02/03/25