

**OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA  
CONSUMER PROTECTION SECTION**

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**TOWING COMPLAINT FORM**

**Important Information**

- Use this form when filing a complaint against a towing and recovery operator, tow truck driver, company, and/or property owner in Virginia.
- If you are going to submit a complaint form to us, please make sure to include **COPIES** of any supporting documents such as contracts, invoices, receipts, etc. Do **NOT** send originals. Also, we do **NOT** need your Social Security Number or any other personal financial information not related to your complaint. Please mark out such information from any documents that you wish to send us. If you have available, please include copies of photographs to substantiate any claims relating to your complaint.
- Information contained in this form may be disclosed to the applicable towing and recovery operator, tow truck driver, company, and/or property owner, and may be disclosed to another local, state or federal office having proper jurisdiction if this Office finds that there was a violation of a statute, ordinance and/or regulation enforced by that office governing the operation, management, or conduct of towing and recovery operations in the Commonwealth.
- We are not authorized to offer legal advice, provide legal representation, or pursue matters in court on behalf of individual complainants.
- Our contact information is as follows:

Office of the Attorney General of Virginia  
Consumer Protection Section  
202 North Ninth Street  
Richmond, VA 23219  
Consumer Protection Hotline: (800) 552-9963 or (804) 786-2042  
Fax: (804) 225-4378  
Website: [www.ag.virginia.gov](http://www.ag.virginia.gov)

**Local office of consumer affairs**

- **Fairfax County** has its own locally operated office of consumer affairs. If your complaint resulted from a towing transaction in that locality, please contact the office directly.

Fairfax County Department of Cable and Consumer Services  
Consumer Affairs Branch  
12000 Government Center Parkway, Suite 433, Fairfax, VA 22035.  
Phone: (703) 222-8435 Website: [www.fairfaxcounty.gov/consumer](http://www.fairfaxcounty.gov/consumer)

**What happens to your complaint once we receive it?**

- We will review your complaint and assign a number to it. We will notify you of our initial course of action or recommendation. Your complaint may be assigned to one of our staff members or it may be referred to another local, state or federal office that has proper jurisdiction. In some instances, if a negotiated resolution cannot be achieved, we may advise you to consider pursuing your case through the courts.
- If you need to contact us about a complaint that you filed with our office, please have available your complaint number, the name of the staff member handling your complaint, and any new relevant information you may have.

### **The courts system**

- The resolution of certain complaints may only be pursued through the courts. You should consider seeking legal advice before you pursue matters through the courts. If you do not have an attorney, you may contact one through the Virginia Lawyer Referral Service at (800) 552-7977 or (804) 775-0808. You may also wish to contact your local legal aid society.

### **Disclaimers**

- By signing the Consumer Complaint Form, you authorize those agencies to which we may refer your complaint to evaluate your case on the basis of the information provided in the form, to contact you, and to take whatever lawful actions those agencies deem appropriate to attempt to resolve your complaint.
- Closed complaints will stay in our files until destroyed in accordance with established procedures for destroying public records.
- Closed complaints are subject to public disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, we ask that you do not provide us with your Social Security Number or with any other personal financial information not related to this complaint.
- The information requested on the official Consumer Complaint Form, and all subsequent requests by this Office for additional information, are subject to the Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.

**OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA - CONSUMER PROTECTION SECTION  
TOWING COMPLAINT FORM**

➤ **SECTION 1 – Your Information**

Mr. Mrs. Ms.	Last name	First name	Mid. Initial
Mailing address			Apt. or suite number
City	State	Zip code	Country, if not U.S.
Home number, including area code (    )	Work number, including area code (    )	Fax number, including area code (    )	
City or county of residence	Your e-mail address		
Do you prefer to be contacted at home, work or by e-mail?		Best time to reach you between 8AM and 5PM?	
Are you the registered owner of the vehicle? Check one. <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not the registered owner of the vehicle, provide the owner's name and your relationship to the registered owner.	

➤ **SECTION 2 – Name of Towing and Recovery Operator, Tow Truck Driver, Company, and/or Property Owner Against Which You Are Complaining**

Full name of Towing and Recovery Operator, Driver, Company and/or Property Owner			
Mailing address			Office or suite number
City	State	Zip code	Country, if not U.S.
Company's Internet address (URL)			
Telephone number, incl. area code (    )	Fax number, including area code (    )	Other contact number, including area code (    )	

➤ **SECTION 3 – Complaint Information**

Address from which the vehicle was towed, if known		
City	State	Zip code
City or County from which the vehicle was towed		
Manufacturer, make or brand of vehicle	Model and year of vehicle	
Was the vehicle towed from a public location or private property? <input type="checkbox"/> Public Location <input type="checkbox"/> Private Property	Date and time vehicle was towed	
Please explain why the vehicle was at this location and why the vehicle was towed.		
Please provide a breakdown of all of the towing charges by type of charge and amount.		
Total amount paid	Total amount in dispute	How was payment made? (cash, credit card, check)

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

Have you contacted the company? Yes [ ] or No [ ]	If yes, name of person most recently contacted	Their phone number, incl. area code (    )
What resolution are you seeking?		
List any other organizations you have contacted (i.e., other consumer protection offices, Better Business Bureau, etc.)		
Do you have an attorney in this case? Yes [ ] or No [ ]	If yes, name of your attorney	Attorney's number, incl. area code (    )
Has your complaint been heard or is it scheduled to be heard in court? Yes [ ] or No [ ] If yes, where and when?		

