

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

P.O. Box 1163 • Richmond, VA 23218
Telephone: (804) 786-1343 • Fax: (804) 225-2666 • www.vdacs.virginia.gov

FANTASY CONTESTS COMPLAINT FORM

Programs Administered by OCRP

The Office of Charitable and Regulatory Programs (OCRP) in the Virginia Department of Agriculture and Consumer Services (VDACS) administers the provisions of the [Virginia Fantasy Contests Act \(VFCA\)](#), Virginia Code Section 59.1-556 et seq. OCRP investigates complaints where there is an alleged violation of the VFCA.

Scan to access the VFCA law, Virginia Code Section 59.1-556 et seq.



Who should use the complaint form?

Before completing this form, you should first attempt to resolve your complaint directly with the organization. If resolution of the complaint is unsuccessful, then you may consider completing and filing this form to seek possible resolution of your complaint.

What happens to this complaint form once OCRP receives it?

OCRP will review your complaint, assign it a complaint number and notify you of our actions or recommendations. To facilitate the complaint review process, you should include a copy of supporting documents such as any correspondence between you and the fantasy contest operator, and receipts. Please remember to black out any bank account numbers, credit card numbers, or Social Security numbers.

Disclaimers and Affidavits:

- All complaints, whether substantiated or not, will be retained within VDACS' records for three years from the date the complaint is closed by VDACS. Afterward, VDACS will destroy the records in accordance with the Virginia Public Records Act, Virginia Code Section 42.1-76 et seq.
- The complaint form, except for sensitive personal or financial information, is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, you should black out Social Security numbers, bank account numbers or credit card numbers on any information sent to VDACS with this form.
- The information requested on this form and all subsequent requests by VDACS for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.

- OCRP cannot resolve all complaints due to the constraints of OCRP's regulatory authority. In some cases, private legal action may be your only recourse to resolve a matter. You do not waive your right to private action by filing a complaint with this office. **OCRP cannot provide legal advice.**

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SECTION 1 – COMPLAINANT INFORMATION			
Mr. Mrs. Ms.	Last Name	First Name	Middle Initial
Mailing Address			Apt. or Suite Number
City		State	Zip Code
Primary phone number, incl. area code	Alternate phone number, incl. area code	Preferred method of contact (phone, email, letter)?	
City or County of Residence	E-mail Address		

SECTION 2 – FANTASY CONTEST OPERATOR INFORMATION			
Name of Fantasy Contest Operator			
Mailing or Physical Street Address			
City		State	Zip Code
Telephone number incl. area code	Website or Internet Address (URL)		

SECTION 3 – RESOLUTION ATTEMPTED BY COMPLAINANT		
Did you contact the fantasy contest operator regarding this matter? Yes or No	If yes , name of person most recently contacted:	Person's telephone number, including area code
What resolution are you seeking?		
List any other agencies or organizations you have contacted to attempt to resolve this particular complaint:		

SECTION 7 – FULL DESCRIPTION OF COMPLAINT (Use additional sheets if necessary)

SECTION 8 – 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 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.
- OCRP cannot resolve all complaints due to the constraints of OCRP's regulatory authority. In some cases, private legal action may be your only recourse to resolve a matter. You do not waive your right to private action by filing a complaint with this office.
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Signature of complainant or authorized agent

Date

Mail to: VDACS, Office of Charitable and Regulatory Programs,
P.O. Box 1163, Richmond, VA 23218
Fax to: (804) 225-2666