

Dealer Complaint Form

Please note, your complaint and any related documents you submit will become "public records". Under state law (RCW 42.56), public records are subject to public record disclosure requests. Under some circumstances your complaint and related documents may be seen by other people.

The Department of Licensing cannot give you legal advice or act as your advocate.
You may wish to consult with a private attorney to determine your rights and remedies.

Consumer Information

Name	Daytime phone number	
Address	Home phone number	
City	State	Zip Code
E-mail address if available	Cell phone number if available	

Dealer Information

Dealer name	Phone number	
Address		
City	State	Zip Code
Name of salesperson		
DID YOU CONTACT THE ABOVE BUSINESS <input type="checkbox"/> NO <input type="checkbox"/> YES		If "YES", Date
Name of person contacted (if known)		

Vehicle Information

Year	Make	License plate number	State
Vehicle Identification Number (VIN)			
Date of sale	Location of sale		

Please provide a detailed explanation of the circumstances, using the space provided on page 2 of the form. When completed, mail or FAX this form, with copies of the supporting documentation, to the appropriate office listed below. If you have questions, please contact the Regional Office by phone, FAX or Email.

WESTERN REGION - OLYMPIA

PO Box 9039
Olympia WA 98507-9039
(360) 664-6475
FAX (360) 586-0479
EMAIL intdlrsw@dol.wa.gov

Counties/Cities:

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum, City of Auburn, City of Enumclaw, City of Federal Way

NORTH-EASTERN REGION - SPOKANE

6517 N Lidgerwood
Spokane WA 99208
(509) 482-3886
FAX (509) 482-3880
EMAIL intdlrne@dol.wa.gov

Counties/Cities:

Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Island, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, San Juan, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, Whitman, Yakima

Explanation of Complaint

Describe what happened. Please attach COPIES (NOT ORIGINALS) of all documentation (such as the contract, purchase order, warranty, odometer disclosure statement, receipt, canceled check, photographs, etc.). Use additional sheets if necessary.

I certify under penalty of perjury under the laws of the State of Washington that the information I have provided on this form is true and correct.

Signature of complainant X	Date	Place signed (Such as City or County)
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