

Consumer Complaint And Request for Investigation

Idaho Transportation Department (ITD) - Dealer Services
 PO Box 7129 Boise, ID 83707-1129
 Telephone (208) 334-8663 Fax (208) 332-4184



Complaint Number _____

The Division of Motor vehicles cannot act as your private lawyer or give legal advice. You may therefore wish to consult with a private attorney to determine your rights and remedies.

Return completed form to ITD at the address indicated above.

Person/Business Filing Complaint

| | | | |
|-----------------------------|----------------------|-------------------|----------------|
| Person and/or Business Name | | | |
| Street Address | | City | State Zip Code |
| Home Phone Number | Daytime Phone Number | Cell Phone Number | E-Mail Address |

Dealer

| | | | |
|---|-----------------|---|--------------|
| Dealership Name | | Dealer Number | Phone Number |
| Street Address | | City | Zip Code |
| Did you complain to the above business? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Complained | Name of person to whom you complained at the dealership | |

Vehicle/Owner Involved

| | | | | |
|---|------|----------------------|-------|-------------------------------|
| Year | Make | License Plate Number | State | Vehicle Identification Number |
| Vehicle Owner Name(s) if Different From Complainant | | | | |
| Address | | City | State | Zip |
| Vehicle Sale Location | | Salesperson's Name | | Purchase Date |

Explanation of Complainant

Describe what happened. **Attach Copies of Relevant Documents** (such as the title application form, contract, purchase order, warranty, odometer disclosure, receipt, canceled check, photographs, etc.) Describe your expected resolution.

I believe a violation of law has occurred. I wish to file a complaint against the business or person named above.

| | | |
|----------------------------|-----------------------|------|
| Complainant Name (Printed) | Complainant Signature | Date |
|----------------------------|-----------------------|------|