

Consumer Complaint and Request for Investigation

Idaho Transportation Department (ITD) - Dealer Operations PO Box 7129 Boise, ID 83707-1129

Telephone (208) 334-8681

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E-mail dealers@itd.idaho.gov

ITD 3628 (Rev. 07-16)

itd.idaho.gov

The Division of Motor vehicles cannot act as your private attorney or give legal advice.

ITD Use	DOPS	DOPS Date			MVI			Complaint Number			
Person/Business Filing Complaint – Type or Print Clearly											
Person and/or Business Name								Driver's License Nu	Driver's License Number		
Street Address			City					State	Zip Code		
Home Phone Number Daytime Phone Number			Cell Phone Number E-Mail Addre				dress				
Dealer											
Dealership Name Dealer Number									Phone Number		
Street Address City									Zip	Zip Code	
Did you complain to the above business? Date Complained Name of person to whom you complained at the dealership											
Vehicle/Owner Involved											
Year M	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 Na			Purchase Da		se Date	
Explanation	n of Compla	 ainant				· L			1		
Describe what happened - Use additional sheets if necessary. Attach Copies of Relevant Documents (such as the title application form, contract, purchase order, warranty, odometer disclosure, receipt, canceled check, photographs, etc.)											
Requested Resolution											
Complainant Name (Printed)					Complainant Signature					Date	

Distribution: Original - Idaho Transportation Department

Copy (Yellow) - Complainant