

Consumer Complaint and Request for Investigation Idaho Transportation Department (ITD) - Dealer Operations PO Box 34 Boise, ID 83707-0034

ITD 3628 (Rev. 2/24) dmv.idaho.gov

Telephone (208) 334-8000

Email DealerComplaints@itd.idaho.gov

(Only PDF format is accepted)

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

Person/Business Filin	g Compla	aint – <u>Ty</u>	pe or	Print Cl	<u>early</u>					
Person and/or Business Name							Driver's License Num	Driver's License Number		
				T						
Street Address				City					State	Zip Code
Home Phone Number	Daytime Phone Number			Cell Phone Number E-Mail Ad			E-Mail Add	dress		
Dealer				•			•			
Dealership Name								Dealer Number	Pho	ne Number
Street Address					City				Zip	Code
Did you complain to the above business? Date No				Complained Name of			person to whom you complained at the dealership			
Vehicle/Owner Involve	∌d									
Year Make License Plate Nur				ımber	State	Vehicle Identification Number				
Vehicle Owner Name(s) if Dif	ferent From	Complaina	ant							
Address				City					State	Zip
Vehicle Sale Location				Salesperson's Name				Purchase Date		
Explanation of Comple	 ainant									
Describe what happene application form, contra	act, purcha									
Complainant Name (Printed)					Compla	ainant Signat	ure			Date