



**Consumer Complaint and Request for Investigation**  
**Idaho Transportation Department (ITD)**  
**Dealer Operations PO Box 7129 Boise, ID 83707-1129**

ITD 3628 (Rev. 3/24)  
 dmv.idaho.gov

Email [DealerComplaints@itd.idaho.gov](mailto:DealerComplaints@itd.idaho.gov)

(Only PDF format is accepted)

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

All fields are required and must be legible. If information is missing the complaint will be denied.

**Person/Business Filing Complaint – Type or Print Clearly**

Person and/or Business Name		Driver's License Number		State
Street Address		City		State Zip Code
Daytime Phone Number	E-Mail Address		Are you the titled/registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	Was the complaint formal/written? If Yes, attach the complaint. <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	Vehicle Identification Number	
Vehicle Owner Name(s) if Different From Complainant			Purchase Date
Address		City	State Zip

**Explanation of Complainant**

Describe the facts of the transaction (sale). 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**

**All claims related to financial, warranty, or insurance loss are to be filed with the Attorney General's Office.**

Complainant Name (Printed)	Complainant Signature	Date
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