

CONSUMER COMPLAINT FORM
 OFFICE OF THE ATTORNEY GENERAL
 CONSUMER PROTECTION DIVISION

File your complaint online at <https://fortress.wa.gov/atg/formhandler/ago/ComplaintForm.aspx> for faster processing. The Washington State Office of the Attorney General, Consumer Resource Center processes complaints that involve either Washington state residents or businesses located in Washington state. Information marked with * is required.

I. YOUR INFORMATION

* Last Name:	* First Name:	Middle Initial:
* Address:	* City:	*State *Zip
* Contact Phone: ()		Alternate Phone: ()
* E-Mail Address:		

Are you a member or former member of the U.S. Armed Forces, Guard, Reserves or a dependent? (Optional): YES NO

If English is not your first language, what is your first language? (Optional):

For our statistics, please select your age group (Optional): 18-29 30-39 40-49 50-59 59+ Under 18

II. BUSINESS(ES) YOU ARE FILING COMPLAINT AGAINST

* Business Name:			
* Address:	* City:	*State	*Zip
* Business Phone: ()	E-Mail:	Website:	

Names/addresses/phone numbers of other businesses you are filing this complaint against:

Transaction date:	Amount in dispute: \$
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State your complaint and how the business can resolve your complaint:
