

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 can only process complaints that involve either Washington state residents or businesses located in Washington state. Information marked with * is required.

I. CONSUMER 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. ABOUT YOUR COMPLAINT

* **Business Name:** _____

* **Address:** _____ * **City:** _____ * **State** _____ * **Zip** _____

* **Business Phone:** () _____ **E-Mail:** _____ **Website:** _____

Names/addresses/phone numbers of other businesses involved in your complaint:

Transaction date: _____ **Amount in dispute: \$** _____

State your complaint and how you think this complaint can be resolved: _____
