

**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: \_\_\_\_\_

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**III. ACKNOWLEDGEMENT & SIGNATURE (Required)\***

I understand that by submitting this complaint to the Washington State Attorney General’s Office my complaint and any response from the business and all communications with Attorney General’s Office will become public records under state law. Public records are subject to disclosure in response to requests for public records and my complaint and all related documents may be disclosed to the public. Complaint information received by this office will be exported into the Federal Trade Commission's (FTC) database, Consumer Sentinel, a secure online database. This data is then made available to thousands of civil and criminal law enforcement authorities worldwide. The Attorney General's Office may refer complaints to a more appropriate agency.

By signing this complaint form, I understand that the Washington State Attorney General’s Office will contact the party (ies) against which I have filed a complaint in an effort to reach an amicable resolution. I authorize the party (ies) against which I have filed a complaint to communicate with and provide information related to my complaint to the Washington State Attorney General’s Office. By submitting this consumer complaint, I understand that the Attorney General cannot answer legal questions or give legal advice to me and cannot act as my personal lawyer.

**I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Please Read Important Information:** If your complaint is submitted without the above acknowledgment and declaration signatures, we will not be able to process but will keep on file in our complaint database as a public record.

**Mail Complaints To:**

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OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION  
800 5TH AVENUE, SUITE 2000 SEATTLE, WASHINGTON 98104-3188  
PHONE 1-800-551-4636 OR (206) 464-6684 FAX (206) 389-2801