

MAIL REPORT TO:

Department of Wildlife Resources Dealer Licensing Section P.O. Box 90778, Henrico, VA 23228

CONSUMER COMPLAINT REPORT

COMPLAINANT

1.	Your Name (s):	3.	Have you contacted the dealer regarding this
			matter?
	Street Address:	_	Yes No
		_	Contact Person:
	City	-	Date of Contract:
	State/Zip:		
	Home Phone:	-	DESCRIPTION OF WATERCRAFT
	Business Phone:	- 4.	Make:
	DEALER INFORMATION		Hull Number of Vessel:
2.	Name:		
			Title Number
	Street Address:	-	Date of Purchase
		_	Vessel Owner(s)
	City	-	• •
	State/Zip:	-	
	Business Phone:	_	

The submission of this form may not necessarily result in your receiving the satisfaction you seek. This filing of this form permits Department of Wildlife Resources to conduct an investigation to determine what action we should take to resolve the matter.

(Continued on Reverse Side)

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE MITTHE STEPS YOU HAVE TAKEN SO FAR TO ACHIEV	
Please enclosed copies of any invoice, bill of sale, sales cowarranty, newspaper ad or any other document that will ai	
I/We Certify That All Information On This Report Is True	and Correct.
Signature	Signature
Executed and signed in the city/county of	on
- · · ·	(Date)