



MAIL REPORT TO:
Department of Game & Inland Fisheries
Dealer Licensing Section
P.O. Box 90778, Henrico, VA 23228

CONSUMER COMPLAINT REPORT

COMPLAINANT

1. Your Name (s): _____

Street Address: _____

City _____
State/Zip: _____
Home Phone: _____
Business Phone: _____

DEALER INFORMATION

2. Name: _____

Street Address: _____

City _____
State/Zip: _____
Business Phone: _____

3. Have you contacted the dealer regarding this matter?
_____ Yes _____ No
Contact Person: _____
Date of Contract: _____

DESCRIPTION OF WATERCRAFT

4. Make: _____
Hull Number of Vessel: _____
Title Number _____
Date of Purchase _____
Vessel Owner(s) _____

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

(Continued on Reverse Side)

