

EXPLAIN YOUR COMPLAINT IN DETAIL (use additional pages if necessary):

Multiple horizontal lines for writing the complaint details.

What do you think the business should do to resolve your complaint? (Circle One)

Refund Deliver Product Perform Service Other

Explain if you have circled "Other":

Horizontal lines for explaining the "Other" selection.

<u>Bellingham</u> : Island, San Juan, Skagit and Whatcom 103 E. HOLLY, SUITE 308 BELLINGHAM, WA 98225-4728 (360) 738-6185 fax (360) 738-6190	<u>Seattle</u> : North King, Snohomish, Clallam and Jefferson Counties and Bainbridge Island 900 FOURTH AVENUE, SUITE 2000 SEATTLE, WA 98164-1012 (206) 464-6684 fax (206) 464-6451	<u>Tacoma</u> : Pierce, Mason, Grays Harbor, Kitsap, and South King County PO Box 2317 TACOMA WA 98401-2317 (253) 593-2904 fax (253) 593-2449
<u>Spokane</u> : Eastern Washington 1116 WEST RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 fax (509) 458-3548	<u>Vancouver</u> : Clark, Cowlitz ,Pacific, Skamania, Wahkaikum, Lewis, and Thurston Counties 1220 MAIN STREET, SUITE 549 VANCOUVER WA 98660-2964 (360) 759-2150 fax (360) 759-2159	<u>Kennewick</u> : Southeastern Washington 500 N MORAIN ST, SUITE 1250 KENNEWICK WA 99336-2607 (509) 734-7140 fax (509) 734-7475

PLEASE TYPE OR PRINT. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.

Please include copies of related documents.
SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!

SIGNATURE

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.

I understand that my complaint and the related documents will become a "public record" and under state law can be subject to a public records disclosure request and thus be seen by other people.

Signature _____ Date _____ City and State where signed _____