

CONSUMER COMPLAINT INTAKE FORM

Instructions:

Complaints already the subject of a lawsuit or other legal action cannot be handled by the Company.

Please be sure that your statement is complete and factual, but as brief as possible. To complete the form, answer all the appropriate questions by printing clearly in dark ink. The Company will attempt to help you and reach a satisfactory result.

Consumer Information

Last Name:	First Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Street address:		
City:	State:	ZIP Code:
Phone:	Email:	

Company Information

Company or Seller:		
Representative/Sales Person & Title:		
Street Address:		
City:	State:	ZIP Code:
Phone:	Fax:	

Complaint Information

Description of Complaint:

Please enter a clear description of the complaint (e.g. nature or type of complaint)

Click here to enter text

Complaint Type:
Date problem first occurred:
Date(s) you complained to Company:
To whom you complained:
Order/File Number:
Product or Service (e.g. closing fees):

Intake Information

Intake Employee Name:
Intake Employee Signature:
Intake Date:

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Manager Name:
Manager Signature:

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Summary of Response/Resolution:

[Click here to enter text](#)

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