| **CONSUMER COMPLAINT INTAKE FORM** | | | | |
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| 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: ☐Mr. ☐Ms. ☐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: | | | | |
| **Internal Use Only – Management Review** | | | | |
| Manager Name: | | | | |
| Manager Signature: | | | | |
| Summary of Response/Resolution:  Click here to enter text | | | | |