

CONSUMER COMPLAINT UPDATE FORM

RE: Consumer Complaint Number:
Homeowner(s):
Manufacturer:
Retailer:
Serial Number:

DUE DATE:

Please complete the following chart. Please be brief and specific in the description.

Please use only the Determination Key letter codes in the determination column.

Determination Key: Complete = C Incorrect Repair = IR Not Repaired = NR

Item	Determination (C, IR, or NR)	Description

Signature: _____

Date: _____