



CONSUMER COMPLAINT FORM

CUSTOMER INFORMATION

NAME: _____
PHONE: _____
ADDRESS: _____
EMAIL: _____

COMPLAINT INFORMATION

DATE RECEIVED: _____
DETAILS: _____

Please attach extra sheets if necessary.

CUSTOMER CONTACT 1 INFORMATION

DATE & TIME: _____
NOTES: _____

CUSTOMER CONTACT 2 INFORMATION

DATE & TIME: _____
NOTES: _____

RESOLUTION INFORMATION

DATE & TIME: _____
RESOLUTION: _____

UPLOADED/COPIED
DATE & TIME: _____

SIGNATURE

PRINTED NAME