



Consumer Complaint Form

Please complete appropriate section(s) below, then "save as" using the following format: "**Last Name Consumer Complaint MMDDYY**") and **Reference your file number.**

Date of Inquiry:

MM-DD-YY

How complaint was made (phone, email, in person, etc.)

Consumer Contact Information:

Name(s) (Last, First)

Property Address (Street, City, State, Zip)

Contact Address (if different from Property Address)

Contact Phone Number

Additional Contact Phone Number

Transaction Information:

Agent File Number

Policy Number

Property Type (Residential or Commercial) Transaction Type (Purchase, Refi, REO, etc.)

Briefly describe the nature of the consumer's inquiry including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom consumer has spoken. Notate the consumer's desired resolution.



Indicate whether additional information or documentation is attached under separate cover.

Advise consumer that this will be routed to Contact Name, Contact Title.

Name/Title of person completing form

Management Review Name/Title

Fees associated with subject transaction:

Proposed resolution:

Accepted /Rejected

Second proposed resolution:

Accepted /Rejected

Third proposed resolution:

Accepted /Rejected

Final resolution:

