

Customer Complaint Form

Use this form to record the details of any complaint made by a customer against [Company Name].

Date of Complaint:		Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
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COMPLAINT	
Complaint #:	(Unique, sequential number, including year: example 2013-001)
Loan # or Case/Reference #:	(Loan # or house number and street name (ex: 1980 Post Oak Blvd.))
Title/escrow Order #:	
Borrower Name:	
Borrower Phone Number:	
Property Address:	
Party Complaint Is Against:	
Organization Complaint Is Against:	
Names of All Parties Involved:	(Include NMLSIDs, when applicable)
Description of Complaint:	
Complaint involves a threat or legal/regulatory issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INITIAL AGENT RESOLUTION			
Actions Taken:			
Complaint Resolved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Resolved:

SUPERVISOR RESOLUTION			
Date:		Time:	
Supervisor Name:			
Actions Taken:			