CONSUMER COMPLAINT INTAKE FORM

Instructions:

Complaints already the subject of a lawsuit or other legal action cannot be handled by Audubon Title.

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. Audubon Title 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: Audu	bon Title		
Representative/Sales Pers	on & Title:		
Street Address:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Complaint Information			
Description of Complaint:	ription of the complaint (e.g. nature or ty	no of complaint	
Complaint Type:			
Date problem first occurre	 ∍d:		
Date(s) you complained t	o Company:		
To whom you complained	:		
Order/File Number:			
Product or Service (e.g. cl	losing fees):		
Intake Information			
Intake Employee Name:			
Intake Employee Signatur	e:		
Intake Date:			
Internal Use Only – Mai	nagement Review		
Manager Name:			
Manager Signature:			

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Summary of Response/Resolution:

Click here to enter text

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