Customer Complaint Form

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

Date of Complaint:	Tir	ime: AM	PM 🗌
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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 Aga	inst:			
Names of All Parties Involved:				
(Include NMLSIDs, when applicable)				
Description of Complaint:				
Complaint involves a threat or legal/regulatory issue? Yes 🗌 No 🗌				

INITIAL AGENT RESOLUTION					
Actions Taken:					
Complaint Resolv	ved?	Yes 🗌 No 🗌	Date Resolved:		

SUPERVISOR RESOLUTION						
Date:				Time:		
Supervisor Name:						
Actions Taken:						
Complaint Resolved?		Yes 🗌 No 🗌		Date Res	olved:	

CONVERSATION LOG					
Date	Time	Type of Contact (phone, e-mail, fax, in person)	Parties Involved	Notes	
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				
	AM 🗌 PM 🗌				

Revision History

Version Number	Revised Date	Effective Date	Approved By	Brief Change Summary