

CONSUMER DISPUTE FORM

Consumer Name _____

Date of Complaint _____

Specific Nature of Dispute:

Responsible Party to Investigate Dispute _____

Date of Investigation _____

Action Taken: _____

For supervisor use only

Name of reviewing supervisor _____

	Yes	No
Was the consumer notified of the action taken in response to the complaint	<input type="checkbox"/>	<input type="checkbox"/>

Was the complaint handled in accordance with our complaint handling procedures manual	<input type="checkbox"/>	<input type="checkbox"/>
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If not, explain why it was not and what action has been taken to ensure compliance in the future _____

Is any further action required in reference to the dispute	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what additional steps are being taken _____

