

**Consumer Complaint Intake Form**

**Date Received:** \_\_\_\_\_

**Customer (Complainant) Name and Contact Info:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**File No. / Name:** \_\_\_\_\_

**Brief Description of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief Description of resolution requested:** \_\_\_\_\_  
\_\_\_\_\_

**Investigation and resolution assigned to:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Follow-up Contact with customer:**

<u>Date</u>	<u>Summary</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Date Resolved:** \_\_\_\_\_

**Summary of Investigation and Resolution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed and Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_